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ART. I.—*Biographical Sketch of the late Dr. Hugh Hughes, of Warren County, N. J.* By JOHN BLANE, M. D., Perryville, N. J.

DIED, at his residence, the Warren Hotel, kept by Firman Van Derbelt, in the village of Bloomsbury, situated in Warren and Hunterdon Counties, on the afternoon of Tuesday, 22d April, 1856, HUGH HUGHES, M. D., in the sixty-third year of his age.

Dr. Hugh Hughes was the son of Dr. John Hughes, a gentleman of Welsh descent, and good attainments in his profession, who formerly resided in Hughsville, in the then county of Sussex, now Warren County; in which vicinity he had a very extensive practice in New Jersey, besides being frequently called for consultations and otherwise, into the adjoining portions of Pennsylvania.

Hugh Hughes being intended by his parents for the profession of medicine, was at an early age educated accordingly with great care, and the first years of his study of the profession, were spent in the office of his father. He afterwards spent some time in Philadelphia, where he attended medical lectures, the practice of the hospital, &c. He then returned to New Jersey, and for some time assisted his father in his extensive practice. Afterwards, in the year 1816, he located himself in the village of Washington, then in Sussex, now in Warren County, where he spent six years, and enjoyed the confidence of the community to a greater degree than most practitioners of the same age.

In 1822, the late Dr. John Sloan and Dr. Hughes changed locations; Dr. Sloan, who had been for some time previously prac-

tising in Bloomsbury, going to Washington, and Dr. Hughs removing to Bloomsbury, where, since that time until his death, he continued to reside. He was a member of the "District Medical Society for the County of Warren," although his home was most of the time in Hunterdon County.

Dr. Hughs possessed, in an eminent degree, the confidence of the community in which he resided, and was much esteemed by his neighboring practitioners. He was open, candid, unassuming, and in no case would he interfere with the business of a brother practitioner, without his invitation so to do.

His practice was extensive. He was rather slow to adopt the many novelties that from time to time are introduced to the profession, and was a sound and discriminating practitioner. He will be much missed, and especially by families who have had his services for many years, as a feeling had grown up in the community in which he lived—that there was no one like Dr. Hughs. One remarkable trait in the life and character of Dr. Hughs was that he confined himself solely to the business of the profession, and never meddled with anything else.

He never married, and leaves one brother in the profession, Dr. John Beatty Hughs, of Finesville, Warren County, for many years a popular and efficient practitioner, but from disease incident to the exposures of a large country practice, has been for some time unfitted for the out-door business of the profession. He also leaves a brother in the western country, and three sisters—one in Illinois, one in Easton, and another in Phillipsburg, Warren County, to mourn their unlooked-for bereavement. He was in good circumstances, having inherited considerable property, and had added to it, and was gradually, when he could consistently do so, withdrawing himself from the cares and responsibilities of family physician, to such as were willing to accept the services of younger members of the profession, and was gradually adopting a life of more leisure. With a constitution naturally good, a warm and ardent temperament, with all the means to enjoy life, in the midst of friends of long standing, it might naturally be expected that he looked forward to years to come, when he would enjoy the fruits of his labor. All this his friends anticipated for him. But such was not the case; on Friday, 18th April, he attended the funeral of a relative; he was in apparent good health, and went to bed that

night as usual, and in the night or rather morning of the 19th, was heard making a noise in his room; some of the family immediately waited on him, and found him paralyzed on the right side. The advice and services of the neighboring physicians were immediately sought, and particularly Dr. Cook, of Easton, and Dr. Browne, of Asbury, but all of no avail; he died, as before stated, in the afternoon of Tuesday following. His funeral, which took place on the following Friday, was attended by a large circle of relatives and friends, as well as many of the neighboring practitioners; his remains were interred in the cemetery of the Presbyterian Church of Greenwich, and an appropriate and impressive discourse delivered by the pastor, Rev. A. H. Hand, from Job xxxiv. 20: "In a moment shall they die, and the people shall be troubled at midnight, and pass away, and the mighty shall be taken away without hand."

This much I feel due to the memory of a brother practitioner, with whom I have lived on terms of friendship and professional intimacy for more than a quarter of a century.

ART. II.—*Translations from Foreign Journals.* By CH. F. J.
LEHLBACH, M. D., Newark, N. J.

External Application of Ergotin.—Dr. Hoppe, Professor at Basle, recommends in his medical letters the external use of ergotin. This induced Dr. V. Brenner, at Ischl, to make trials with this remedy, and he obtained satisfactory results. According to Dr. V. Brenner, the character of disease prevailing in that region at present, is the *typhoid*, tending to decomposition of the blood. Acute inflammations are seen very rarely, and those that occur, have a tendency to assume the typhoid form, so that the abstraction of blood is not only of no avail, but acts injuriously, by diminishing the forces of life very rapidly. This typhoid character, which is prevailing, exercises its influence upon wounds and ulcers. It is very difficult in cases of wounds and ulcers to induce a sufficient amount of reaction, necessary to establish the process of healing. Left to themselves, a long time passes, until

suppuration and granulation take place. The same thing is observed after operations. Wounds can almost never be brought to heal by first intention. If, on the fourth day, the dressings are removed, the wound gapes as before, without a trace of inflammation and suppuration. Under these circumstances, a dressing as that of ergot is exceedingly valuable. Under its application the wound or the ulcer soon becomes more lively and clean; it begins to suppurate and granulate; there arise no exuberant granulations, and cicatrization takes a very rapid course. Brenner's usual formula is:—

R.—Axung. porc. ʒj;
Ergotini ʒss to ʒij.—M.

With this salve the wound or ulcer is dressed twice a day.

(As a similar typhoid character is prevalent among us at present, and a similar difficulty of inducing healthy inflammation in wounds and ulcers, the remedy recommended thus by good authority might be worth a trial.—*Trans*)

ART. III.—*Observations on Indigenous Medical Plants.* By ARIEL HUNTON, M.D., Hyde Park, Vt.

SINCE my last paper on the medical virtues of our indigenous vegetables I have selected a few more, which I will describe:—

Erechthites hieracifolia, the *Senecio hieracifolius* of Linnæus; *first growth fireweed*, belonging to the class Syngenesia; order, Superflua. An annual grooved, juicy, herbaceous stem, abundant on recently burned lands. It is aromatic, and has a slightly fetid odor. The most use I have made of the article, is to direct patients troubled with hemorrhoids, to simmer the stalks and leaves in lard, and apply the ointment in this disease. It usually gives relief.

An essential oil is extracted, and used for the same purpose. It possesses alterative properties, and is used as a domestic remedy in the summer complaints of children.

Epilobium angustifolium.—*Second growth fireweed*, wicapy, rose-bag, &c. This article was omitted in my description of vesicato-

ries, for the very good reason that I could not class it until it was in blossom; the class is Octandria; order, Monogynia; it grows to the height of four to six feet; the flowers are showy, of a pink color; in a long spike; will be in blossom from first of July to October; the capsule is two to three inches long, about the bigness of a darning-needle; the seeds armed with an egret. The recent root, bruised, is used as a counter-irritant, and will vesicate; a decoction of the root and leaves is used in diarrhoea, dysentery, and leucorrhœa, as a tonic and astringent.

Menyanthes trifoliata, buck-bean, marsh-trefoil; class, Pentandria; order, Monogynia. There are in this vicinity several bogs where this article grows in abundance; one gill of an infusion, of half an ounce of the root to one pint of water, will usually operate as a cathartic and emetic.

In small doses it is in use as a tonic and alterative in scrofulous, and most cachectic affections.

Tiarella cordifolia, miterwort, coalwort; class, Decandria; order, Digynia. An infusion, in cold or warm water, makes a palatable febrifuge. I have used the article more than forty years.

Saponaria officinalis, soapwort, bouncing-bet; class, Decandria; order, Digynia. Soapwort is an alterative, used in strumous and skin diseases; antisyphilitic in gonorrhœa and gleet; will excite the torpid liver, and stimulate the bile ducts; the extract is in use; dose, from grs. 10 to 20.

Polytrichum juniperum, hair-cap moss, bear's bed; class, Cryptogamia; order, Musci. This article, not having a place in the *U. S. Dispensatory*, and being a useful ingredient, is more used in domestic practice than by the faculty; I give it a passing notice.

Our botanists, in their descriptions, locate it in dry woods; it is abundant on all our poor knolls, in pastures, and waste uncultivated lands.

It is quite a sure diuretic, and has been used in decoction, as a domestic remedy in what the people denominate the *gravel*, by which they mean disury, or any disease of the urinary organs.

When I am treating a disease of the above description, the friends of the patient will recommend a decoction of bear's-bed, and extol its powers as a diuretic. Being always willing to witness the effect of our indigenous vegetables, I have frequently seen marked effects from its exhibition, relieving the pain and anguish, and causing an abundant flow of urine.

PATHOLOGICAL AND THERAPEUTICAL REPORTS.

ART. IV.—*New York Pathological Society.* Reported by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, March 26, 1856.

Serous Cysts—their Origin.—Dr. CLARK exhibited a specimen of *serous cysts* of the kidney, removed from a patient affected with pleurisy, accompanied with effusion on the right side of the chest, but without pain. From January to March 4th, he continued to attend to his business, though at times he suffered from a feeling of exhaustion, and from attacks of paroxysmal dyspnoea. From the 4th to the 14th, blisters were applied, and diuretics administered, without effect. At this time slight oedema of the eyelids and feet was observed. The urine was tested and found albuminous. The microscope revealed casts in abundance, with adhering cells; some of them fatty, and some markedly granular.

In consultation it was deemed advisable to puncture the chest (as the dyspnoea was so urgent), and evacuate the fluid. The operation was performed with Wyman's apparatus (minute canula and pump). He experienced much relief, and immediately laid down and slept for four hours, which he could not do for two days previous to the operation, when he was awakened by a paroxysm of dyspnoea; the next day at 10 o'clock he was easy and comfortable, and remained so for twenty-four hours; when the dyspnoea again returned and continued for twenty-four hours, when he died.

The dyspnoea was of a peculiar sort, not such as is produced by mechanical obstruction, either in the air-passages or thoracic cavities; but seemed as if the involuntary respiratory influence had ceased, and respiration must be performed as an act of volition. He would take several full, rapid inspirations in succession, then the breathing would grow less and less deep, till it seemed almost to cease; again the deep inspirations, succeeded as before by breathing more and more feeble.

Post-mortem examination revealed but a small amount of fluid in the right chest, recent lymph on the side tapped; an old patch of inflammation on the pericardium; recent lymph over peritoneal surface, and marks of old peritonitis. Nothing else of note observed, except a number of serous cysts scattered over the *kidneys*; their surfaces covered over with white spots, which he thought evinced the highest degree of fatty degeneration; about one-half of the Malpighian bodies were shrunken to one-third their natural size, and invested by a thick tunic.

As to the source of these serous cysts, Dr. C., thought the inquiry interesting. The kidneys, observed Dr. Clark, present no perceptible dilatation of

the investment of the Malpighian bodies; on the contrary, many of these bodies are shrunken and invested with a fibrous tunic as stated above, their internal organization being no longer recognizable; nor was there to be found any closure or obstruction in the uriniferous ducts, no irregular enlargements or other change, except what is usually found in fibrous disease or degeneration of the kidney. The epithelial lining of these tubes had become, in some portions, fatty, in some, granular; but none of the cells enlarged or changed so as to give any color to the opinion that serous cysts are produced by an hypertrophy of these bodies. Instead of any of these changes, and perhaps furnishing a key to the real origin of serous cysts, cells, of a kind not usually found in the renal tissue, were discovered in these organs in great abundance. These cells are deposited in the stroma of the kidney, between and outside the uriniferous ducts; they are all nucleated, with transparent walls, containing some granules attached to the walls, and varying in size from $\frac{1}{1000}$ to $\frac{1}{500}$ of an inch in diameter, irregularly distributed over the kidney and disposed to form in clusters.

The connection between these microscopic bodies and serous cysts so abundant in these kidneys, is not established by the observation of a certain and regular size from one to the other; but the existence of both in the same organs leads to the conjecture that the former may be the origin of the latter.

Sub-ungual Exostosis.—Dr. MARKOE presented a specimen of *sub-ungual exostosis* removed from a young man, 25 years old, which made its appearance five months since, as a wart growing under the nail of the big toe, attended by tenderness. It had continued three months, when its increasing size and tenderness induced the patient to seek relief. Dr. M. was consulted, and found the integument not very tender, and this warty tumor growing out from under the nail, attached by a deep base to the phalanx. Liquor potassæ, so efficacious in removing the common soft corn, was applied, giving comparative comfort for a time. The tumor, however, again increased, and the pain became so extreme that he advised amputation of the toe. He removed it, and the tumor was shown, extending from the extremity of the toe to the base of the phalanx. The disease is described by Dupuytren; and in Stanley's work on diseases of the bone, a full account may be found.

Dr. DETMOLD had observed two instances of this disease; he scraped it off, but the growth reappeared. He then nipped it off with the forceps, first dividing the under surface of the toe down to the bone, leaving the nail. It had not returned, now some years since.

Imperforate Anus.—Dr. J. O. STONE presented a specimen of *imperforate anus*, occurring in an infant two days old. When called, he was vomiting a greenish matter. The probe, on being introduced, passed up one inch, when it encountered a septum. Fluctuation being apparent, he perforated with a bistoury. Meconium escaped, and there also was considerable hemorrhage, so much as to render plugging with strips of linen necessary. He died the next day. *Post-mortem examination* showed the presence of two or three

ounces of blood in the peritoneal cavity, and a laceration at the junction of the gut with the septum, opening into the abdomen.

Dr. GARRISH had a similar case, where the septum was about one inch from the verge of the anus; he punctured with a trocar; bougies were introduced for three months; the patient is now nine months old, and in perfect health.

Dr. STONE then related a case of sudden death resulting from pulmonary apoplexy, but presented no specimen.

Dr. ISAACS exhibited for Dr. Wm. F. Osborne a perfect cast of the trachea and bronchi, thrown off by a child laboring under croup, and upon whom tracheotomy was performed; the specimen was passed through the artificial opening; the child died.

Cirrhosis of Stomach—No Hæmatemesis.—Dr. FINNELL presented the stomach and liver removed from a man who suddenly died yesterday. He had been sick for several years.

Autopsy.—The stomach was found distended with fluid, of a fiery-red color, and liver in a state of cirrhosis. In cases of cirrhosis previously presented by him, vomiting of blood was a prominent symptom; but, in this instance, there had been no hæmatemesis at any time.

Rupture of the Ilium.—Dr. FINNELL then presented a specimen of rupture of the ilium occurring in a boy 7 years of age, who fell a distance of ten feet from a building, bringing with him a large heavy stone, which fell across his body in front. In the evening he was comfortable; the next day he had much pain in the abdomen, and died on third day.

The autopsy disclosed no external marks of violence. Evidences of peritonitis were seen, and a rupture of the ilium.

Fracture of Skull by Pistol Ball.—Dr. FINNELL next exhibited the fragments of the skull of a man who in a fit of insanity shot himself with a pistol. The ball entered the right temple, passed obliquely across, fracturing the bone on the opposite side. The ball rebounded in its own track about two inches. He lived about fifteen minutes.

Fatty Liver in Child.—Dr. O'ROCK presented, as of rare occurrence, a specimen of fatty degeneration of the liver, removed from a child two years and eight months old, who died of tubercular meningitis.

Fracture of Spine—Abscess—Pleuritis.—Dr. LOUIS BAUER presented a specimen of fracture of the spine, and gave the following history:—

About seven months ago, a little girl, of slender and delicate appearance, aged three years, was intrusted to his care. It appeared, from the statement of her parents, that the patient had previously enjoyed good health, and had recently fallen upon the pavement, injuring her back, and immediately after complained of pain in the spine. On examination no lesion could be detected. The skin was entire; no displacement of vertebræ nor crepitus could be discerned; there was, however, a moderate degree of tenderness at about the middle of the thoracic portion of the spine, with the least possible projection of the spinous process of the seventh thoracic vertebra; also a slight anterior incurvation of the cervical portion, causing an equivalent reclination of the head.

While moving, the little patient seemed anxious to obviate the slightest flexion of the spine, which became still more evident on picking up small objects from the floor. Besides these symptoms, a moderate fever, slight intestinal disorder, and want of appetite, were observed. It could not be doubted that the complaint originated in the fall, that it consequently consisted in a traumatic injury; but it was entirely a matter of conjecture whether the injury was a simple contusion, with or without curvature of the spine, or a fracture. Considering, however, the moderate intensity of the existing symptoms, the diagnosis beyond contusion seemed hardly justifiable; nor was the possibility of a subsequent scrofulous complication overlooked. Therefore, after having relieved the constitutional difficulties by sedative treatment, and the injury by a moderate local antiphlogosis, recumbent posture and repose, a liberal diet, and subsequently cod-liver oil and iron were ordered to be taken. This treatment, continued for four weeks, removed all complaints and relieved the child of all suffering. Nevertheless, the continuance of the horizontal posture was urged. The parents, however, did not comply, and allowed the patient exercise in the open air.

In three months the child was again examined, and the results tended to show that health had been re-established, for not the slightest sensitiveness of the affected spinal portion was evinced by severe percussion; a slight projection was, however, evident, corresponding with the seventh thoracic vertebra. The child continued to improve on the use of cod-liver oil and iron, suffering in no way from her spinal difficulty until the end of February; then his services were again requested. The patient was then under a great febrile excitement, with the loss of appetite, insatiable thirst, and difficulty in breathing, with short expirations, which, on a sudden, had set in. On examination it was proved that the posterior curvature had extended, comprising now the sixth, seventh, and eighth thoracic vertebrae, accompanied by increased sensitiveness. Percussion and auscultation of the chest elicited, however, no morbid action.

The suddenness of its appearance seemed to justify the supposition of an acute inflammatory process, and yet not one external cause could be assigned. The recent and steady improvement of the little patient, the absence of any local suffering and morbid symptoms during a period of six months, could hardly be brought in conformity with the presumption of an uninterrupted continuation of the original disease.

The probability of an ununited fracture, and the commencement of osseous softening with formation of an abscess, suggested itself, although he admitted frankly that he repeatedly dismissed that diagnosis for want of sufficiently reliable signs. The treatment instituted proved of no avail, the disease went on with little remission. A week before death a new complication became manifest. While previously the thoracic organs had remained intact, the patient commenced about that time to breathe with increased difficulty; and though even then the respiratory sounds presented no marked alteration, the percussion to the left of the affected spine evinced a dull resonance, which gradually extended over the remaining portion of the left

side of the thorax, and in the same proportion the respiratory murmur became more faint, and at last entirely disappeared; the heart, at the same time, being displaced towards the right side of the sternum, so that its sounds could be perceived there and in the *scrobiculus cordis*. The right lung remained intact, presenting no more than the puerile, and occasionally the sibilant rhonchus. The fulness of the intercostal spaces and the diminished mobility of the left half of the thorax, with the cyanotic discoloration of cheek, lips, gum, and nails, with the intermittent pulse at the left wrist during inspirations, left no doubt that a pleuritis exudativa had been established, which disease ended the sufferings of the little patient on the 16th inst. by asphyxia.

Incessant care and watching the progress of this case through its last phases, enabled him to establish the fact beyond dispute that the pleuritis originated from spinal disease, and radiated subsequently over the remote parts of the pleura, and that an abscess of the spine in progress of formation was the cause of the disease, a diagnosis which was fully borne out by the post-mortem examination. The latter took place eighteen hours after death, in the presence of Drs. Neubaus, Zundt, Pfeiffer, and Gaertner.

In the abdomen we found the liver slightly enlarged, otherwise fatty, degenerated, and pallid; the spleen in a similar condition; the mesenteric glands swollen; the bladder almost empty; stomach and intestines distended with gas; and the veins filled with very dark blood.

On opening the chest, a large quantity of fluid made its escape from the left pleural cavity. The sternum being removed, the heart appeared displaced towards the right side, its longitudinal diameter corresponding with the mesian line of the body. Right lung greatly congested, of a dark livid color, but otherwise sound. Right pleura also in healthy condition. The left lung compressed, almost solidified, and reduced to the size of an infant's fist, and its interlobular space filled with the plastic products of inflammation, but loosely adherent. The whole left pleura, including the portion that lined the diaphragm, covered with fibrinous deposits. But one fibrinous band between lung and pleura costalis had been formed, and even that was of recent date, judging from the little progress it had made towards its organization. Towards the spine the signs of inflammation evidently increased in intensity, the incarnation and thickening of the pleura, the injection of the capillary vessels, and the amount of fibrinous layers being more apparent. It was easy to fill a tumbler with the effused sticky and greenish liquid contained in the left pleural sack; the whole of it might be estimated at one and a half pints. Pericardium contained also about two ounces of fluid. After the intestines had been removed, and the spine laid bare for inspection, an abscess was found right across the spine at its seventh thoracic vertebra, terminating on either side in a round pocket. The right portion being a little the larger. The left portion contained a thick cream-like pus of excellent properties; the right a smaller quantity. A fragment of the spine was then removed, comprising the fifth, sixth, seventh, eighth, and ninth thoracic vertebrae.

You see yet, Mr. President and gentlemen, in this specimen, the traces of intense inflammation on the left side, and particularly the intumescence of the pleura, whilst the right side exhibits no such signs. There are also the walls of the abscess, which communicate on either side of the spine with the morbid focus within the body of the seventh vertebra. The specimen has been divided longitudinally, in order to exhibit more effectually the diseased portion of the bone, which is seen to have been fractured in an oblique direction, leaving the lower fragment in the shape of a wedge, with an almost clean and even surface, whilst the upper fragment has been comminuted, leaving but a few small and movable sequestræ. But, even with this specimen in his hand, Dr. B. was not prepared to assert positively that a fracture has been the lesion in this case, although the regular form of the lower fragment tends to support such an opinion, though attempts at forming callus are not evident. But certain it is, that there was no trace of any tuberculous deposition, neither within the affected structure nor mixed with the pus, both of which we have carefully examined by microscope. There is another fact that deserves attention; namely, that although the upper fragment is entirely destroyed, but little disintegration has been effected in the neighboring intervertebral cartilage, showing its textural tenacity.

The microscopical examination of the pleural exudation has elicited no results beyond the ordinary elements of recent inflammations.

In conclusion, Dr. Bauer remarks, concerning the treatment of this and similar cases, that he need hardly say that after therapeutical efforts had failed in preventing the progress of the pleuritis and its consequences, he naturally thought of paracentesis, and possibly life might have been, for a few days, prolonged. But he had to dismiss this idea, on account of disease being of more consecutive nature, and ultimate success beyond hope.

The general practice in treating these cases is greatly in favor of issues. In chronic periostitis of the spine and inflammation of intervertebral cartilages, such a practice can find no objection. But the diagnosis is eminently difficult, and sometimes impossible, as this case instances. The patients are mostly delicate and debilitated, whose rest, comfort, and strength demand forbearance, and, moreover, are greatly disturbed by painful issues near a place upon which the patients recline. Whilst the efficacy of issues is therefore limited to a few cases, and even in those counterbalanced by the inconvenience they produce, they are more than useless in such instances.

It is generally conceded that repose and the recumbent posture are the best means to obviate and to arrest xiphosis in general. But, in his opinion, this is not enough, and particularly in cases in which traumatic injury is suspected as the remote cause of the lesion. The patient should be prevented from bending and twisting his spine in the slightest degree, for perfect rest is the only guarantee for reunion of fractures and obviating the consequences of contusions, etc., in the shortest possible time. For this purpose he constructed an apparatus (which was exhibited to members) for the posterior half of the trunk, that, better than any other, he considered to accomplish that indication.

Extirpation of Diseased Eye.—Dr. AGNEW desired, in the presence of a *staphylomatous* eye, recently extirpated, to call the attention of the Society to certain points in the pathology of ophthalmia, which would seem to justify the more frequent practice of extirpation. If it is true that inflammation in one eye may induce or maintain disease in its fellow, and that, moreover, the stump left after sinking an eye, may, by taking on morbid action, excite inflammation of a destructive tendency in the remaining eye, then why not remove the diseased and sightless globe, or an inflamed stump, with a view of stopping or curing secondary changes of the fellow eye. And as Mr. Critchett's method of extirpating has been proved to be without risk, why not extirpate a *staphylomatous* globe, instead of endeavoring to sink it, provided it can be proved that the coalescence of the muscles which are cut off in his method close to their sclerotic implantation, furnishes a movable support for an artificial eye? Having seen an artificial eye in a patient upon whom Mr. Critchett had performed his operation, he can testify to its usefulness and deception. By this way may we not preclude the chances of a diseased stump, avoiding the annoying and not unfrequently dangerous primary effects, as hemorrhage after cutting off a *staphylomatous* cornea, and the risks, during the suppurative process, of sympathetic translation, &c.

He desired to call the attention of the Society to Mr. Critchett's valuable paper in the November number of the *London Lancet*, and would desire to elicit from members, facts and opinions bearing upon the point; for if the results gathered in Mr. Critchett's paper are true—and he is a gentleman of sound judgment and undoubted veracity—it is a question of vital importance to the ophthalmic surgeon.

EDITORIAL.

MEDICAL TEACHING.—ITS REWARDS.

THERE are in the United States, according to our calculation, forty-five medical colleges, having, probably, an average of seven professors each—315 in all; and this number is increasing every year. We have not the data before us for obtaining the average number of students in the colleges, but the extremes may be stated at 600 for the largest, and 30 for the smallest classes. In the large colleges, with an average of several hundred students each—of which there are very few, however—medical teaching is, financially speaking, a very successful employment. Four hundred students paying fifteen dollars each for their tickets, and one-third the number, paying thirty dollars each for their diplomas, insure an income that counts by thousands of dollars a session. Nor is this the only source of income to the professor. He often has, besides, a large income from private pupils, and then the éclat of being a *professor* may insure him a very large and lucrative *private practice*, especially, as we fear is too often done, when he displays his tact and skill for effect on the gaping crowd, in his weekly or semi-weekly exhibitions at the college clinic, or at the hospital. We have been told that the remark has been made by a celebrated ex-professor that his chair was worth \$100,000 a year to him. Allowing a large deduction for exaggeration, there is no question but the professors in our larger colleges "make a good thing of it," financially. But all professors are not so fortunate. In most of the schools the income is very small, not enough in some of the smaller ones to meet the necessary outlay, and the professors have frequently to draw upon the scanty profits of their private practice to make up heavy deficits in the general accounts of the college. These draughts upon the pocket can only be tolerated in view of the character and position which a professorship gives, unless, indeed, as may sometimes be the case, the object be self-improvement.

That there is not an adequate compensation for the expenditure of time and talent by the professors in very many of our colleges, is evident from the frequent changes that take place in their organization. We have no doubt that many a physician has been called from a lucrative practice to a distant city or town under entirely erroneous impressions as to the value of a proffered chair, or the amount of honor connected with its acceptance, and has only discovered his error when he has lost his practice, and spent a large amount of money in endeavoring to sustain himself and the school with which he has unwittingly connected himself.

The large number of changes which have recently taken place in our medical colleges, are evidence that something is lacking to give them stability and efficiency. If there were in this country twenty-five colleges, or even an average of only one in each State, the arduous toils of the medical instructor would be much better rewarded, and the medical doctrines inculcated would be much more sound and stable than they now are. We must not be understood as advocating a spirit of "old-fogyism" in our medical schools, though we cannot but deprecate the frequent changes which occur in them.

Another evil connected with so much competition in medical instruction, and one in which the profession as a whole is, or ought to be interested, is the temptation to receive students with deficient preliminary education, and graduate them with low attainments. It is well known that all sorts of expedients are sometimes resorted to to swell the catalogues of some of our colleges, and that the "honorary!" degree of M. D. is unblushingly conferred on third-rate practitioners, and men of notoriously quackish propensities, merely for the sake of securing what influence they may be supposed capable of exerting in favor of the college conferring the degree.

It would be a happy thing for the profession if there was a reduction in the number of our medical colleges—or, if this is impracticable, if a certain degree of attainment was made indispensable to membership in our National Medical Association. The latter step might be the means of bringing about the former, and thus indirectly benefit both student and professor.

HIT HIM AGAIN!

The luckless editor whose lapsical pen makes him say what he did not mean to say, or whose carelessness or ignorance have betrayed him into error, sets himself up as a mark for the merciless criticism of hundreds of readers. And it is right that it should be so. It is right that he should view everything connected with the literature of the profession "with a critic's eye," and it is not only right, but essential, that his readers should check-mate him whenever they are able to convict him of real error. As it is our desire to have the REPORTER as near a model of correctness as possible, we shall always take it kindly when our attention is directed to errors that occur in its pages. We are indebted to two or three correspondents for the correction of the error in our last issue, referred to below. It was a piece of carelessness that we hope to guard against in future.

ED. MED. AND SURG. REPORTER—

DEAR SIR: As an amendment to an amendment is always in order, you will allow me to criticise your criticism which appeared in the August No. of your REPORTER. In speaking of Dr. A. K. Gardner's work on Sterility (August No., p. 381), you find fault (and with some justice, too) with the careless manner in which some of the prescriptions are *wor*ded. You say that the formula, "R.—Sub. Nit. Bismuth, grs. x," &c. (which appears in Dr. G.'s work), should read, "R.—Bismuthi subnitratis, gr. x," &c.—which is merely changing the *order* of the words.* But there is an error in your formula: "subnitratis" should be "subnitratis," as, by the strict rules of construction, the genitive case is required for both words. The sentence, written in full, should read: "*Recipe.—Bismuthi subnitratis, grana decem,*" meaning, of course: "Take ten grains of the subnitrate of bismuth." So when we write a prescription for tartar emetic, it should be: "R.—Ant. et pot. tartratis, gr. iv," and not "R.—Ant. et pot. tartras, gr. iv," as it is usually written.

I hope that you will not deem me hypercritical in noticing this matter. The error is a common one, and physicians ought to write their prescriptions correctly in even the most minute particulars.

Respectfully yours, &c.,

TAM O'SHANTER.

* Another "amendment." You are out, Tam: there is a correction of an error in that line besides a mere change in the order of the words.—Ed.

"THE LION AND THE LAMB SHALL LIE DOWN TOGETHER."

The recent changes in the faculties of several of our medical colleges bring to pass rather a curious relationship between rival institutions. The two colleges in Louisville have made exchanges which ought to result in union and harmony hereafter, if they did not exist before. In speaking of the recent changes in those schools, the *Medical Monthly* says: "Some things must have been rather hard to swallow by those members of the Faculty (of the University of Louisville), as Yandell and Miller, who, some sixteen years ago ejected Dr. Flint from the same chair to which he now returns victorious."

The Jefferson and Pennsylvania Medical Colleges, in Philadelphia, will, we presume, have their rivalry tempered by a bond of union in the persons of Drs. Gross and Richardson, who were not only connected originally with the same school in Louisville, but who are associate editors of a medical journal.

THE PUBLIC HEALTH.

Accounts from all sections of the country agree in representing the public health as remarkably good. We hear of no special epidemics prevailing in any part of the United States, the cases of yellow fever which have occurred along the Atlantic seaboard being as yet too few in number to create serious apprehensions of its spread.

Cholera we have not so much as heard of this season, unless it be a few sporadic cases, which may have been an exaggerated form of cholera morbus. Intermittent fever, which has been so prevalent the past three or four years in this section of country, has almost entirely disappeared, nor does it seem to be very prevalent in other parts of the country.

With good crops, and almost uninterrupted health, this may be regarded, so far, as a remarkably prosperous year to the country.

MORE PROFESSORIAL CHANGES.

In our last we announced a heavy batch of "changes" in the corps of many of the medical colleges throughout the country. Since then, several more have occurred.

In New York, Dr. John Le Conte has resigned the lectureship

on Chemistry, and been succeeded by Dr. Sam'l St. John, late of Cleveland Medical College, Ohio. The vacancy in the New York Medical College occasioned by the resignation of Prof. E. H. Parker, has been filled by the election of Dr. Timothy Childs, of the Berkshire Medical Institute, Pittsfield, Mass.

In Philadelphia, Dr. J. M. Allen has resigned the professorship of special and Surgical Anatomy in the Pennsylvania Medical College, and is succeeded by Dr. T. G. Richardson, of Louisville, Ky., who had but recently left the Louisville University, and accepted a Professorship in the Kentucky School of Medicine, leaving another vacancy there to fill.

In the University of Nashville, Dr. T. R. Jennings has been elected to the chair of Anatomy, vacated by the death of Dr. R. M. Porter.

Several vacancies remain to be filled, and other changes will probably occur, before the fall lectures commence.

☞ We very much regret that by the removal of Dr. Winchell from the Lunatic Asylum at Trenton, where he held the post of Assistant Physician, we shall, for the present, lose our monthly Meteorological reports. We shall, however, endeavor to supply them hereafter.

☞ Considerable excitement prevails in Brooklyn and its suburbs, in consequence of the recent appearance there of an epidemic, supposed to be yellow fever, and great efforts are being made by the authorities of Brooklyn to prevent the spread of the fever in that city. We have heard doubts expressed as to whether this disease is yellow fever.

Dr. H. A. Ramsay, of Georgia, whose statistics of midwifery were the cause of no little trouble and ill-feeling at the meeting of the American Medical Association, in 1851, and who afterwards started a medical journal called "The Blister and Critic," has lately been arrested by orders from Washington, on the charge of fabricating testimony in support of false pension claims. He procured \$5,000 bail, which was forfeited by his absconding immediately.—*Boston Med. and Surg. Journal.*

The readers of the REPORTER may remember that we utterly refused to have anything to do with the "Blister and Critic," for which that precious specimen of "medical literature" abused us in coarse and unmeasured terms.

EDITORIAL CORRESPONDENCE.

YELLOW FEVER.

NEW YORK, August, 1856.

MR. EDITOR: Much excitement has existed among our citizens, and not a little among professional men, respecting this formidable disease. Probably every medical man has been asked six times a day, every day for three weeks, whether we will have any of it, and according to the length of face, the depth of the shrug of shoulder, the success of the simulation of wisdom, and of prophetic power, the questioners have been made miserable for twenty-four hours, or until another medical friend could be found to reverse the feeling. There can be no doubt that "yellow jack" has made its appearance at quarantine, in considerable quantity, and that a few cases have found their way up to the city (some half a dozen have been admitted to the New York Hospital, with the unerring signs of yellow skin, congested eyes, and black vomit); but it is equally true that all of them have been traced back either to quarantine itself, or to the Atlantic docks, where some southern vessels have unloaded, or to some other clear source of the disease from the south. But the most gratifying circumstance of all is, the proof which these cases afford of the positive salubrity of our atmosphere, in the fact that notwithstanding the proximity of the infected vessels, and the actual introduction of these cases into our very midst, the disease is not known to have occurred otherwise in a single instance; it has found no pabulum, no resting place. The seeds which have been scattered at the doors of our city, have found no soil to take root in. In addition to this the weekly bills of mortality are at an unusually low figure, even with the diseases which pertain particularly to the season, such as cholera infantum, and bowel affections generally. In fact it is a distressingly healthy season, physicians, apothecaries, and undertakers all complaining alike. The coolness and freshness of the atmosphere, and the cleanliness of the streets from combined artificial and natural causes (brooms and rain in abundance), conspire to produce an extraordinary plethora of population; Broadway and Wall Street never appearing more crowded and lively, while this very salubrity creates a dearth of subjects suitable for a medical journal.

The hours of the August meeting of the Academy of Medicine were chiefly occupied with a discussion of the subject of yellow fever, which was commenced by Dr. Fair, of Columbia, S. C., at the request of the President, and whose remarks were chiefly directed to the subject of its alleged *contagious* property, against which he argued by reciting the history of twelve cases which had developed themselves in Columbia, the patients being people who, on one occasion had fled from Charleston to avoid the epidemic there, all of whom but two died, and yet beyond these imported cases, not a single one occurred among the residents of Columbia.

Prof. Alonzo Clark favored the academy with an extemporaneous exposition of the history of all the yellow fever epidemics of New York, condensed from his recent reading on the subject. It was an interesting *resumé*, but the section on public health was charged with the presentation of a more complete report upon it, at a future meeting, from which I may be better able to quote.

Several deaths have occurred during the month among the troops and other residents at Fort Hamilton, on Long Island, at the entrance to the Narrows, which are *reported* to have been by yellow fever, but which want confirmation. The effect has been to depopulate the place of the inhabitants of a number of cottages occupied as summer residences, as it was a very inviting spot. The excitement caused by this was, as you may suppose, intense, and the only way to account for yellow fever was to suppose the miasma to have blown ashore from some ships, anchored in Gravesend Bay by the health officer of this port, the probabilities of which you may judge of when you learn that at least a mile intervened between the ships and the shore. People are hard put to it sometimes to account for diseases, and often, as in this case most probably, look over and beyond the real causes.

A NEW AND ORIGINAL METHOD OF TREATING TAPEWORM.

As it is my desire to keep you advised of all the improvements in medical and surgical practice which this prolific age is ushering into being, it is my happy privilege now to bring to your notice one of the most ingenious, if not successful—the most far reaching, and deep searching, if not most likely to prove profitable, invention, ever accredited to Yankee wit and skill. It is one before which the lustre of the genius which produced the new operation for vaginal fistula must wax dim, and the discoverers of catheterism of the lungs must “pale their intellectual fires.” The government of the United States has immortalized its history by the issue of letters patent, securing to the inventor the exclusive right for fourteen years, of using a “TRAP for TAPEWORM,” a description and engraving of which are given in vol. i. for 1854, of the Patent Office Reports.

The title of the description in the report is thus: “No. 11,942, Alpheus Myers, M. D., Logansport, Ind., Tapeworm Trap. Patented Nov. 14, 1854,” and is thus described (in part): “The trap is made of gold, the length being less than one inch, and the diameter one-fourth of an inch.” The shape and size, as I judge from the drawing of this important addition to the *matéria medica*, is very like that of the little cases in which we buy the leads for our pencils, and consists of three parts or sections. In the upper cup or section, is placed *the bait*, in the middle section is a number of points operated by a spiral spring to stick and secure the monster with, while in the lowermost section is an opening through which he is expected to put his head, in search of the bait. In doing this he touches the spring, when he is seized and pinned fast by the points. The directions for using the instrument are given as follows: “Bait being placed in the cup, the trap is set and swallowed, after the patient has fasted several days, one end of the cord

attached to the upper end being returned from the mouth. The worm in reaching the bait through the opening, touches the spring, the action of which drives the teeth of the middle section into his head, when both the trap and worm may be withdrawn together." "In this manner the inventor asserts that he has operated successfully," but whether in a mill-pond, a trout brook, or in the human stomach he does not say. But the avariciousness of this Dr. Myers is quite equal to his ingenuity, for he has not only patented the "trap," but he has actually patented the "operation." In the same official volume we read, "No. 11,943, Alpheus Myers's Operation for removing Tapeworm from the Stomach;" which patent is thus described: "This operation consists in making the patient swallow a trap after two to six days' fasting, and then leaving him at rest until the worm is caught, when both trap and worm are gently withdrawn. If the worm be not caught in twelve hours, the trap must be inspected, and again baited.—*Claim.* The process herein described of removing tape or other worms from the stomach or intestines, by means of a trap, which is baited and swallowed by the patient, and is caused to capture them by the seizure of the bait. No illustration."

Thus Doctor! Myers has contrived to throw the aegis of the U. S. Patent Office over his genius, to enable him to monopolize, not only the instrument, but has, may I not say, *maliciously*, attempted to deprive us of the sport of angling for these *in-human* reptiles without his special permission. I have no objection to being obliged to buy one of his "traps" of him, *when I want to use it*, and he may demand what amount he pleases for it, but to deprive me of the liberty of fishing for tapeworm with any body else's machine is cruel. I am almost malicious enough to indulge the wish that he may never make his fortune by it.

But, Mr. Editor, you will think I am taking up too much of your valuable space with this matter, and to be serious on the subject, my object in drawing the attention of your readers to it, is simply to expose the shameful ignorance, not of Alpheus Myers, but of the officers of our government, who would take money from a man for so gross an absurdity as this. There are physicians connected with the Patent Office, men whose names stand well before the country, and how they or the commissioner, could have allowed the seal of the office to be affixed to such a document, and how they could have consented to take the money (the two patents have cost at least \$60), for such a monstrously ridiculous contrivance, surpasses all comprehension. It is a disgrace and crime which cannot be too soon atoned for, in the only possible way, by returning to Myers his money. The treasury has no right to such ill gotten gains. This subject came accidentally to my knowledge from a source by which I am assured that the official reports contain many other equally absurd grants—none *more* absurd can be imagined.

Ap[ro]pos to tapeworm: I have lately seen and examined a specimen of it, 56 inches long, expelled from a patient in the New York Hospital by an infusion of *pumpkin seed*. Eight ounces of boiling water added to two

ounces of bruised seed, was taken in one dose, at 12 o'clock, followed in three hours by an ounce of castor oil, by which the worm was expelled about 6 o'clock, with its head entire, and alive.

Respectfully, yours,

J. GOTHAM, JR., M. D.

LETTER FROM PHILADELPHIA.

THE PUBLIC HEALTH.

PHILADELPHIA, Aug., 1856.

DEAR REPORTER: Thinking your readers would like to know something about the health of our city at this season of the year, particularly as it has been predicted by a distinguished physician of the south that we should have the yellow fever this summer, we applied to the Health Office for a copy of their printed *Summary*, to extract such facts from as we thought would be of interest to them. In former years we were always able to obtain such reports without the least hesitation. We had but to make known our calling, and the information was furnished with the greatest readiness. We did not, therefore, anticipate any trouble on this occasion.

MONOPOLY OF HEALTH REPORTS.

Our surprise was, however, very great on finding our request refused—and this was much increased when, in answer to our inquiry as to whether they did not publish the reports we wanted, we learned that though the reports were printed—they were all in the hands of a member of the Board, who is a member of our profession, and who retains them for the purpose of making communications to a medical society in the city, and that we would obtain the facts we wanted in the reports of that society when they were published. This we consider highly reprehensible: the Board ought not to suffer such a monopoly by one of its members. If such reports are published, they should be accessible to any who feel an interest in them, and their results ought not to reach the public only (second-handed as it were) through a medical society. We would not deny the right of members of the Board of Health to make such communications through any channels they please, but they have no right to confer on a single member the exclusive possession of information which he can make known *at his leisure* in an unofficial manner. We have thought that the Board of Health was a legitimate place for a medical man to seek through the suffrages of his fellow citizens, and that there should always be some members of the profession in that body; but if such results are to follow as that of which we have been complaining, then we think the whole profession will unite with us in the opinion, that the fewer doctors in the Board, the better.

From the weekly reports of interments published in the daily papers by the Board, we have, however, after some little pains, been enabled to obtain

such facts as will convince anybody that our city has been blessed with a goodly share of health for the last two months. We have had no signs whatever, of either the presence, or anything like the approach, of epidemic diseases. The usual accompaniments of the hot weather, cholera infantum and dysentery, have, notwithstanding the intensity of the heat this summer, been no more prevalent than formerly. Last summer was esteemed a very healthy one with us, and if we compare it with the present we will get a result very little to the disparagement of the health of the city now.

Thus in July 1855 total No. deaths from all causes was	1112
do 1856	1416
in Aug. 1855 (4 weeks)	1456
in " 1856 (3 weeks)	1138

The one week yet remaining of August may augment the last number between three and four hundred, and thus making allowances for increase of population—the proportionate mortality this year will be found to be very little greater than that of last year.

Total number of deaths from cholera infantum in

July 1855	199
Aug. 1855	276
	— 475

Against

July 1856	285
Aug. 1856 (3 weeks)	246
	— 531

Deaths from dysentery in

July 1855	43
Aug. 1855	97
	— 140
July 1856	66
Aug. 1856 (3 weeks)	77
	— 143

Of bilious fever, the disease nearest allied to the yellow fever, there have been but two deaths recorded in the two months of July and August.

YELLOW FEVER.

The prediction of a visit from that unwelcome guest, Yellow Jack, which was published in the daily papers, created a very great deal of excitement in our city early in the summer. It was on everybody's lips, and all assurances or reasoning to the contrary could not convince them that there was no cause for their dread and alarm, and very many took an earlier flight than usual to the country. And now that they are returning it is equally hard to satisfy them that we have had no inordinate sickness in the city during their absence.

Some years ago (we think it was in the spring of 1848), when the community were dreading a visitation of the cholera, an undertaker of this city,

who is said to have made a handsome fortune pushing people under ground, went into one of our large wholesale warehouses from which he was in the habit of purchasing his canton flannel, and was of course received with great courtesy by the concern, as his credit was good and his purchases liberal. To the inquiry of the salesman as to what they could do for him, he, in a deep stentorian voice, which any person who had ever heard it before could easily have recognized through the whole length of the wareroom, and in a cadence and measure appropriate at a funeral procession, responded: "Let me see! J-u-n-e? J-u-n-e will be a very busy month this year: I will take *six hundred yards*." It was afterwards thought, however, at the store, that business did not prove as brisk to the gentleman of the spade as he had anticipated, for he did not return to make more purchases as soon as usual. We fear he has been *caught* this summer, also, if he participated in—what shall we call it—the dread, certainly not in his case, so prevalent that we should have the yellow jack this summer in the city, for there are no signs of him yet. How true is the old adage, that *what is one man's meat is another man's poison*. We don't fear the accusation of *invidiousness*. Even the most mercenary of our profession can never rejoice in the occurrence of severe epidemic diseases, for although the community at large may think of such as *fine times for the doctors*, every member of the profession must perceive, if he has had no experience in the matter, that on such occasions we are worse compensated than on others. Our incomes are not proportionate to the number of deaths, as the undertakers' are; nor even to the amount of disease; for it is proverbial that the doctor's bill is the last to be paid, and the scarcity of money consequent upon men's inability from illness to look after their affairs, is more severely felt by the doctors than by any others in a community. In *hard times* the doctors have to be satisfied with *half pay*. Others can *raise*, the Drs. cannot; they must charge less when others are getting more than usual.

COLLEGE OF PHYSICIANS—LIBERALITY OF DR. BETTON.

The spirit of liberality evinced by Dr. Mütter in his proffered gift to the College of Physicians has been well followed up by a similar manifestation on the part of Dr. Thomas Forrest Betton, the distinguished surgeon of Germantown, who made known, through one of his friends, at the last meeting of that society, his intention to present to it his valuable library of medical works, containing considerably over two thousand volumes—all works well selected—and many of them of great rarity and value. The great literary attainments of the donor in professional lore are a sufficient guarantee for this. This collection is esteemed by those who are capable of judging in the matter, as one of the finest private medical libraries in the country, and is equally the result of the learning and fostering care of Dr. Betton's father, who, in his day and generation ranked high in the esteem of the profession and world at large for his erudition and skill.

This will be an invaluable addition to the library of that society, which has been augmented to twice its size in the last year through the zeal and industry

of its indefatigable librarian, Dr. T. Hewson Bache, who deserves great credit for the time and care he bestows in the discharge of the duties of the office. The library of the college is, we believe, already more replete in periodical literature than any other in the country, and will be invaluable for reference.

PERIODICAL LITERATURE.

Periodicals, which form such a small portion of *private* libraries, are the great source from which we are to derive the stubborn facts which are to guide us in the practice of our profession. They will become equally the *staff* and *staple* of the profession. The good they have already done, is well evinced in the material aid they have furnished Dr. Trask in the preparation of his essay on *Placenta Prævia*, to which was so deservedly awarded the prize by the American Medical Association last year. That gentleman has by his indefatigable researches in periodical literature established beyond all cavil a line of practice in the cases to which his essay relates, which the profession cannot too highly value.

The Medical Journals contain similar veins of rich treasure in all departments of the science, which may be said to be yet unexplored, and we deem it a fortunate thing that we have such a place as the Library of the College of Physicians, where they are opened to those who may desire to search them. The day has gone by when any man, on his *ipse dixit*, or even on his own single experience, can establish a line of practice which cannot be disputed; he must seek the results of the experience of others as well as his own to influence the judgment of the profession or give weight to his deductions, and this he can only do through a diligent search of Journals, which may well be called the *Scriptures* of the profession. Editors need no better reason than this for allotting a large space to cases of every-day occurrence. But we digress from our duties as caterers of news for your readers.

DR. MUTTER AND HIS PROPOSITION TO THE COLLEGE OF PHYSICIANS.

We had hoped, ere now, to have made them acquainted with the fate of Dr. Mutter's proposal to the College of Physicians in reference to his Museum, but the committee of that society to whom they were referred have not yet reported, and in the absence of facts, we will, as all caterers on such occasions are disposed to do, indulge in a little prophesying. We have no doubt that the Dr. in conference with some of the members of the college and his friends, will materially alter the terms on which that body is to accept his gift. We predict that he will at once place the thirty thousand dollars in the hands of trustees to invest for his benefit during life-time, and at his death to be handed over to the society to be disposed of as he has already specified. The reasons for such a change as this in the proposals are self-evident to every one, and need not much penetration or astuteness to foresee as necessary to the acceptance of the gift—for the thirty thousand is a very essential part of the bargain, if we may so term it. Then, again, the time (three years) allowed the society to put up a building for the reception of the museum will

be prolonged, and perhaps the proposed character of the building itself will be likewise changed, so as to make it less expensive; thus the society will be enabled to comply with the requirements of the terms of acceptance. There will perhaps be some change in the minor details of the proposals, but those which we have mentioned will be the chief ones, and without them it would be impossible to effect an arrangement agreeable to all concerned. The necessities of such changes are all equally self-evident, and we may be said to be *without honor as a prophet*. But not so. We believe that such changes are not only essential, but predict that they will be made, and that the proffered gift will be accepted. Time will show how near we are to the truth.

Y^{rs} truly,

ADAM FRIEND.

NECROLOGY.

HOLMES.—Died, in St. Louis, Mo., of paralysis, on the 25th of June, in the 39th year of his age, Robert S. Holmes, M. D. Dr. H. was a native of Pennsylvania. For several years he served as a surgeon in the U. S. Army, and in 1848 was elected Professor of Physiology and Medical Jurisprudence in the St. Louis Medical College, which position he filled with marked ability until his paralytic seizure, about two years since.—*Med. News*.

McCABE.—Died, at St. Louis, on the 4th of June, of a cancerous affection of the face, in the 55th year of his age, Edwin H. McCabe, M. D., one of the oldest and most respectable physicians of St. Louis. Dr. McC. was a native of Pennsylvania, but settled at St. Louis at an early period.—*Ib*.

AMUSSAT.—M. Amussat, one of the most distinguished surgeons of Paris, has recently died. He was born in 1796, in a provincial town of France, and like multitudes of his brethren owed his success chiefly to his own industry and perseverance. Although not connected with any hospital, M. Amussat was looked upon as among the first in his profession, and enjoyed a large and lucrative practice. He is chiefly known by his invention of an operation for artificial anus, by an opening in the lumbar region; by his essay on the "Accidental Introduction of Air into the Veins" (which gained a prize of four thousand francs from the Academy of Science); and by his "History of Lithotripsy." In his manners, Amussat was cordial and affable, and in his intercourse with foreigners, formed a marked contrast, in this respect, to many other distinguished medical men of Paris. There are many of our countrymen who will recollect the agreeable scientific reunions at his house to which strangers, and especially Americans, were welcome.—*Boston Med. and Surg. Journal*.

PORTER.—Died, July 1st, from the effects of a dissecting wound, Dr. R. M. Porter, Professor of Anatomy in the University of Nashville. Dr. Porter was an excellent teacher, and a most estimable and high minded gentleman, respected by all who knew him.

HOWELL.—Dr. John Howell, the oldest physician in Trenton, N. J., died in that city, on the 11th of August, after a lingering illness, aged 81.

SELECTIONS.

Annual Address to the American Medical Association, by the President, Geo. B. Wood, M. D.—[The address recently delivered by Prof. Wood, on retiring from the office of President of the American Medical Association, is so interesting and appropriate that we cannot resist the desire to contribute to its wide circulation, and, therefore, publish it entire in our columns. The topics discussed are of the highest importance, and the views expressed should be extensively promulgated, not only among the profession, but also among the community generally, who would then better appreciate the claims of scientific medicine, and be less frequently deceived by the sophistry of charlatans.]—*Medical News*.

ADDRESS.

Custom demands, as one of the expiring duties of your presiding officer, that he should leave a legacy at least of good wishes, if not of something more valuable behind him. In compliance with this duty, I propose to say a few parting words, which, whatever else they may convey to you, will assuredly not interpret duly the sentiments of him who utters them, unless they make you sensible of his grateful and most kindly feelings towards his fellow members, and of his zealous interest in the great objects of the Association.

The present is a suitable occasion for taking a survey of the Association; for looking around towards the boundaries of its labors, interests, and duties, and noting whether something may not present itself in the view, which may profitably occupy, for a few minutes, our serious and earnest attention. Let us first throw a comparative glance from the present backward to the past. Perhaps by so doing we may be better prepared to look forward intelligently into the future.

Have the hopes with which the Association set out in its mission of self-imposed duty, been fulfilled? Has the loud call which it sent forth through the nation, startling the profession from its uneasy slumber, succeeded in awakening it thoroughly to a sense of its high responsibilities, and arousing a determined spirit of progress? Or has it died away in gradually diminishing echoes, leaving but a drowsy memory of that spirit-stirring appeal? Have the annual gatherings of the elect of the profession, their joint deliberations in council, their various legislation, the practical inquiry set on foot or encouraged, not omitting their exploits at the festal board, and kindly interchange of thought and sentiment in social assemblage; have all these been without fruit? Have they been the mere course of a phantom ship through the ocean of human events, leaving no track in its passage, and bearing no freight onward to its destination?

Were we to listen to the clamors of opposition, the whisperings of discontent, or the murmured disappointment of an over-excited expectation, we might be disposed to give to these questions an unfavorable answer; to cease our struggles for an unattainable good; and, with the wings of the spirit folded, and the head drooping, to submit in sadness to an inexorable destiny, chaining us in submission to all present evils, and jealous even of a glance towards the higher and the better.

But, happily, such is not the voice of a clear and unbiassed judgment. It is true that the Association has not accomplished the whole of what it aimed at. Like all other young things, conscious of a stirring life within, and feeling no limits to its yet untried powers, it hoped and strove beyond the

possible; it struck in its soaring flight against the iron will of circumstance, and, for a time at least, fell back, stunned, though not crushed, into humbler aims. Yet, even as regards medical education, which is the main point of failure, its efforts have not been all thrown away. Some advance, however small, has, I think, been already made; and bread, moreover, has been cast upon the waters, to be found after many days.

But, outside of this vexed subject, much, very much has been accomplished. I will not appeal to the ponderous volumes of our *Transactions*. They speak for themselves. To say that there is no chaff among their solid contents, would be to say what is neither now nor ever has been true of any large book, with one solitary exception. But I believe that all present will join me in the opinion, that one who searches these records, with a sincere and candid spirit, will find in them much that is good; much that may warrant the self-congratulation of the Association for having originated, or called it forth.

But, whatever credit may be given to these living witnesses of our labors, one fact is evident, that the medical mind has been aroused; that the spirit of improvement has breathed upon the masses of the profession, and everywhere scattered germs, which are now developing, and will probably hereafter continue to develop, even in a still higher ratio, into earnest efforts for self-culture, and general advancement.

Stagnation in the moral as in the physical world, generates corruption. Agitation, though often in its extremes a cause of evil, and sometimes of unspeakable present wretchedness, generally purifies in the end, and, if restrained within due limits, is a source of unmixed good. The medical mind, anterior to the birth of this Association, was in a state of comparative inertia. In all the departments of the profession, the educational as well as the practical, material interests began to predominate. There was danger that the profession might sink to the level of a mere business. Noble aims; high aspirations; the general good; the spirit of self-sacrifice; these began to be looked on as wordy inflations. The great struggle seemed to be, in the teaching department to gather pupils; in the practical to gather patients; in both, to swell the pockets. Stagnation of the professional spirit was breeding noxious influence in its motionless depths. No wonder that quackery loomed upward, as regular medicine began to sink. There was danger that the public might be able to see little difference between them; and the fact is, that the line of demarcation was not very distinct, even to the professional eye. They ran into each other, at their extremes, by quite insensible shades.

But the Association arose, and a new spirit was awakened. Many had been watching this apparent abasement of the profession with sorrow; but they were powerless in their isolation. No sooner had the flag of the Association been given to the breeze, than they hastened to join its standard. From all quarters, and from the remotest bounds of the country, volunteers poured in to join this great crusade against the evils which had been usurping the sacred places of the profession. The mass of medical society was moved to its very depths. Hundreds upon hundreds came forth from their sheltering privacy, and threw their souls into the grand movement which was to reconquer, to purify, and regenerate the prostrated glory of their calling. The feeble voice of opposition was heard for a moment, but was soon drowned in the overwhelming shouts of the masses, crying out, Onward! Onward! Even the advocates of the material principle, who could not raise their souls above the level of dollars and cents, found it expedient to chime in for a time with the almost universal voice; and to the enthusiastic it seemed as though a professional millennium was approaching. I need not follow the march of the crusade. I need not recall the varied experience which has but confirmed that of all other revolutionary uprisings, that, except under the influence of a power higher than human, which can regenerate

the hearts of men, whatever temporary change may be made in the surface of things, in mere form and arrangement, it is only by the slow working of time that radical and lasting reforms can be effected. Who ever beheld a great nation made by a written constitution? We have had paper republics as thick as the leaves in Vallombrosa; but where, and what are they now? To make a great and free nation, the people must have the principles of greatness and freedom implanted in their hearts. So it is with lesser Associations. It is vain to alter forms, unless the substance is altered too. The Association has discovered this truth. It no longer seeks to work miracles, but is content with following the methods of nature and providence. It has done a great thing in beginning the movement. It is doing what it can to further that movement, and to consolidate its results.

Who is there that has lived and observed through the last ten or fifteen years, who cannot see that our profession has been moving onward and upward since its great awakening; perhaps slowly, perhaps now and then halting, but on the whole advancing, and with an irresistible force, because it is that of the mass. It is not now a few leaders who are kindling by their own enthusiasm a feeble and temporary blaze of excitement in the multitude; dragging them forward as with cords by their own strong zeal and fiery spirit; it is the inborn soul which is animating the great body, and carrying it forward in its legitimate course.

Had the Association done nothing else, I will not say than originating, but even than aiding and concentrating this rising up of the profession, it would have performed a service entitling it to everlasting gratitude, and to an imperishable name in the medical annals of our country.

A great benefit conferred on the profession by the Association, was the preparation and adoption of a code of medical ethics. I need not say to you, that this code is merely an expression of the great principles of truth, justice, and honor, in their applications to the relations of physicians to one another, their patients, and the public. It is the voice of wisdom and experience speaking from the past, and meets a ready response in the breast of every man possessed of a good heart, a sound judgment, and correct moral principle. Should any one find a repugnance to the observance of its rules rising up within him, let him for a moment reflect, whether this may not spring from some evil source in himself; whether it may not be the result rather of an unwillingness to make what he may deem a sacrifice at their suggestion, than of a real conviction of their injustice or impropriety. Which is more likely to be true; the unbiassed and unselfish judgment of the wisest and most experienced in the profession, or an individual decision, which may at least be suspected of a selfish basis, and of which no man, if his interests or feelings are in any degree involved, can say that it is quite pure; for no man can judge impartially in his own case? A becoming modesty would lead him to suspect that the fault might be in himself, and a becoming spirit to search into the depths of his own heart for the root of the evil, and to pluck it out if discovered. I have no doubt that a full observance of these rules would tend more than any one thing else, to maintain harmony in the profession, and to elevate it in the public esteem. It would render impossible those unseemly disputes, founded on petty jealousies, and supposed opposition of interests, which, probably beyond any other single cause, expose the profession to obloquy and ridicule. A copy of the code should be placed in the hands of every young man about to enter upon the practice of medicine, with the urgent advice that he should make it the guide of his professional life; that he should not only regulate his conduct in conformity with its precepts, but should educate his heart into a real preference for them. Would it not be an object worthy of the attention of the Association to provide for such a distribution; at least, by the publication of a large edition of the code, to put it in the power of individuals or societies, who might be disposed to engage in this work of beneficence, to do so with as little cost to

themselves as possible. I do honestly believe that, to a young physician going forth into a life full of moral conflicts, the wearing of this ægis would be one of his surest defences; that, next to the holy Scriptures, and the grace of God, it would serve most effectually to guard him from evil.

Not one of the least advantages of the Association is that, representing as it may be said to do, the medical profession of the country, its voice, when nearly or quite unanimous, will be considered as that of the whole medical body, and thus have weight both in the community at large, and in the legislative councils of the nation. It is only thus that the profession can make their special opinions and wishes known and felt. I have been told that the representations of the Association had much weight in determining a satisfactory arrangement of the question respecting the relative rank of the Surgeons in the navy. It is to be presumed that the patriotic physician who brought before Congress the memorable measure for establishing a general inspection of imported drugs, was materially aided in carrying it through by the approving voice of the profession, speaking in the memorial from this body. On another occasion, you were heard, through your resolutions, pleading in the Halls of Congress in favor of a great measure of honesty and justice, when you petitioned for an international copyright law between the United States and Great Britain; and, should such a law ever be passed, it will not be claiming too much for the Association to say that it will have contributed to that result. Your resolutions, from time to time, in advocacy of a system of registration of births, deaths, &c., have probably also added something to the mass of influence which has brought legislation to bear on this most important subject, though, it must be acknowledged, hitherto but very partially, and, with some honorable exceptions, ineffectually.

There is one other view of the beneficial influence of our great gatherings which I cannot pass unnoticed.

The effect of isolation is well known in breeding excessive self-respect, distrust of others, and narrow, selfish, and sectional views and feelings. Man is naturally gregarious; and it is only in association that his nature can receive its full development; that the seeds of the better qualities within him can be made to germinate, and the qualities themselves to grow up, under culture, into their just magnitude and proportions.

Our Association brings together many who would otherwise never meet, from sections remote from each other, and differing much in views, habits, and feelings. We come, partly at least, for relaxation from the cares and toils of business, prepared and desirous to be pleased. Each one naturally, and without design, turns out the fairest side of his character, "his silver lining to the sun;" and all consequently make and receive favorable and kindly impressions. Each place selected for our meetings feels its character for hospitality involved in the reception of its guests, and every effort is made to extend all proper courtesies and kindness to the assembled representatives of the profession. In parting, therefore, we carry with us friendly remembrances of one another, and of the place of assemblage, to our several far separated homes. These remembrances serve as so many cords, not only to bind the members of the profession together in one harmonious whole, but also, intertwined with other similar agencies, to counteract the centrifugal tendencies of our political system, and to keep it moving onward, each part in its due place, in that majestic course, which, while shedding beneficent influences throughout its own great circle, attracts the admiring and hopeful gaze of humanity everywhere.

Having thus hastily scanned the present and past of the Association, let us turn our thoughts briefly towards the future. A few words will convey all that I have to address to your attention.

It seems to me that experience should have taught us this one lesson; not to aim at once at sweeping changes; but, having determined what great ob-

jects are desirable, to keep these always in view, and, by the persevering use of such influences as may be at our command, securing one point in advance before hastening to another, to move on slowly but steadily to our ends. These must ever be the improvement of the profession itself, the advancement of medical science, and the promotion of the public good, so far as that may, in any degree, be connected with our special pursuit. Each of these three points requires a brief notice.

In the improvement of the profession, the Association has from its foundation recognized, as an essential element of success, a higher degree of qualification in those who are to become its members. But for the attainment of this object, they can use no coercive measures. The only power they can exercise is that of opinion. Our only appeal is to the judgment and conscience of those concerned. But much may in time be done in this way. It is impossible that intelligent and honorable individuals, possessed of that share of conscientiousness which belongs to most men, and is certainly not deficient in our profession, should long resist such appeals, proceeding from a source so worthy of respect as this. Let us reiterate, from time to time, our convictions of the necessity for improved preparatory education, for a longer devotion to the proper studies of the profession, for a junction of clinical with didactic instruction, and finally, for something more than a mere nominal examination before admission to the honor of the doctorate, or the privilege of a license to practice; points which have ever been insisted on by the Association; let us, I say, reiterate these convictions; and, like slowly dropping water, they will at length, however gradually, wear their way through the hardest incrustation of prejudice, interest, indolence, or indifference, and reach the conscience with irresistible effect. While bringing to bear upon this resistance the considerations of reason, duty, honor, and even an enlightened self-interest, we must carefully avoid all violence of procedure, as likely only to add the hostility of passion to other opposing influences. By this course, universal opinion will be gradually conciliated; and interest itself will find its own ends best promoted by compliance with the general will. Already some advance has been gained in this direction; and the Association, by perseverance, may yet see all its reasonable wishes accomplished.

In relation to other measures for elevating the character and increasing the efficiency of the profession, there appears to be nothing more at present for the Association to do than to go on as it has begun. Its continued existence alone is a great good; for it is annually bringing large numbers, simply through membership in its body, to participate in its feelings, and to acknowledge its obligations. Let us then maintain unshrinkingly the standard of professional honor and morals that we have erected, and decline association with those who will not recognize that standard, or having recognized, abandon it. Let us adhere unswervingly to the line which has been drawn between regular and irregular medicine, and treat the practitioners of the latter with the silent disregard they merit. This is the only course for the regular practitioner. To wage a war of words with quackery is to do what it most delights in. It would be to contend, under the government of honor and principle, with antagonists who acknowledge no such restraints. In our private intercourse with friends and patients, we may explain the grounds of difference between ourselves and the irregulars, may demonstrate the absurdity of their pretensions, the danger of their practice, and the iniquity of their conduct; in short, may endeavour to enlighten wherever light is acceptable or can penetrate. We may even, if the public interest seem to require it, put forth refutations of false doctrine and assertion, and exposure of subterfuge, trickery, and imposture; but with the irregulars themselves we should enter into no relation, whether of friendship or hostility. I do not say that there may not be honorable and honest, though ignorant or bewildered men among them. But we cannot discriminate. With the pre-

sumed advantages of their association, they must be content to take also the disgrace.

There is a point to which I would call the attention of the members of the Association individually. We have been called *Allopathists*, in contradistinction to a sect of irregular practitioners, who have taken to themselves the title of *Homœopathists*, the latter term signifying that its professors treat disease by influences similar in their effects to the disease itself; the former that *other*, and of course dissimilar influences are used. It must be remembered that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his followers. The intention was obvious. It was to place the regular profession and their own scheme upon a similar basis. They practised on one principle; we on a different and somewhat opposite principle. They graciously allowed that our principle was not altogether ineffective, that we did sometimes cure our patients, but theirs was sounder in theory, and more successful in practice. Now, by recognizing the name, we necessarily recognize the principle also, and thus put ourselves in a false position. In deciding between them and us, the ignorant masses think they are deciding between two systems, neither of which they understand, but of which they must judge upon the grounds of relative success. Diseases often get well of themselves if left alone. The genuine Homœopathist leaves them alone, and they often consequently terminate in recovery. This success is magnified by methods well understood; and multitudes are thus led astray, especially among the delicate and refined, who abominate the taste of medicine themselves, and are equally averse to the task of forcing it down the reluctant throats of their children. But we are *not* Allopathists. The regular practice of medicine is based on no such dogma, and no exclusive dogma whatever. We profess to be intelligent men, who seek knowledge in reference to the cure of disease wherever we can find it, and in our search are bound by no other limits than those of truth and honor. We should not hesitate to receive it from the homœopathists had they any to offer. We would pick it up from the filthiest common sewer of quackery; for, like the diamond, it has this excellent quality, that no surrounding filth defiles it, and it comes out pure and sparkling even from the kennel. This is the light in which the medical profession should present itself to the community. We are men who have sought in every possible way to qualify ourselves for the care of their health. We present them, in our diplomas, the evidence that we have gained sufficient knowledge to be trusted with this great charge, and we stand pledged before them to extend our knowledge and increase our skill as far as may lie in our power. Membership in our honorable profession is the proof we offer that we are no false pretenders, no interested deceivers, but upright men, intent on the performance of our professional duties. This the people can understand. But when we designate ourselves as *Allopathists*, they may well ask in what are you better than any other medical sect, than the *Homœopathists*, the *Hydropathists*, the *Thomsonians*, the *Eclectics*? Let us discard, therefore, the false epithet. Let us not only never employ it ourselves, but show that, when applied to us by others, it is inappropriate and offensive, and that the use of it in future would be contrary to gentlemanly courtesy and the proprieties of cultivated society. I say again we are *not* *Allopathists*; we are simply *regular practitioners of medicine*, claiming to be honest and honorable—in other words, to be gentlemen.

The efficiency of our profession is to be increased, not only by increasing its qualifications, but also by all upright measures calculated to win the public confidence, and thus widen the field of our operations. In this respect, I do not know that the Association can do better than to persevere as it has begun; and by the propriety and dignity with which it conducts its own proceedings, to show to the world the high influences under which the profession acts, and demonstrate that it possesses those qualities of self-

government, so useful to the medical practitioner, and so characteristic of the gentleman in all his relations.

The improvement of the *science* of medicine, has always been a favorite object of the Association. The appointment of committees to investigate and report on certain stated subjects, the reception of voluntary communications, the offering of prizes to competing contributors, and the publication of our *Transactions* annually, are the means employed for this purpose, and I have nothing better to suggest.

The remaining point for consideration, is the promotion of the public good. Happily, such is the nature of our profession, that the more we improve ourselves, the better do we fulfil this great duty. But there is something else to be done. There are certain great interests of the community, relating to their health, of which medical men are the only good judges, and the various influences affecting which, they only can duly appreciate. Upon these points it is our duty to be ever on the watch, and not only like faithful sentinels, to give notice of danger, but, like heaven-appointed agents, as we are, to use our best efforts and influence to prevent or remove it, and, in every practicable way, to guard the public health.

To the establishment of a general system of registration throughout the country, our attention has already been given. We should not relax our efforts, until the great end has been accomplished.

There is another subject deserving of our most serious consideration. You are all aware what advances have recently been made by the smallpox in many parts of our country. Thousands are perishing annually, for whose deaths we are, as a profession, in some degree accountable. There is no occasion for this mortality. Vaccination and revaccination, duly performed, and under proper circumstances, are, I will not say an absolutely certain, but a very nearly certain safeguard. I have never known of death from smallpox, after an efficient revaccination; and only one instance of the occurrence of varioloid. But the profession and the community have both been too careless upon this point. Food for the pestilence has been allowed to accumulate; and it has been rioting with fearful results in many parts of our country. The profession should rouse itself from this apathy, and warn the community everywhere of the danger, while offering them the means of security. We may be accused of self-interest in urging this measure of precaution; as our own instrumentality may be necessary, and must be compensated where the means exist. But a moment's reflection must convince the most stupid, that it would be much more to our pecuniary interest to attend a protracted case of smallpox, than to perform a trifling operation, which is to prevent it. There are, however, many occasions, in which it is necessary to do our duty at the risk of obloquy; and this is one.

But perhaps I have been somewhat unjust to the profession. The people have in many places, and probably, in some degree, in almost all, chosen other guardians of their health, and rejected our offered aid. It has happened to me to become acquainted with one neighborhood, in which smallpox has recently prevailed; but not a single case occurred within the circuit of the regular physician's practice. Those families only suffered who had intrusted the care of their health to an empiric, who, for aught I know, may have been ignorant alike of smallpox and of vaccination. It is highly probable that many of those who now hear me could give a similar account of their own neighborhoods. The public should take this subject into their hands. Provision should be made, with legislative sanction, for universal vaccination. If the evil were confined exclusively to the negligent individual, the public might possibly have no right to interfere. But whole communities suffer, and government may and ought to step in for their protection. A man is prohibited by law from setting fire to his own house, because a neighbor's may suffer. Which is the greater evil, that our house should burn, or our families perish with smallpox? It might be impossible

in this country to establish a system of compulsory vaccination; but legislation might go far towards attaining the same end without this obnoxious feature. Time, however, does not permit me to follow this interesting subject in all its ramifications. I must content myself with having introduced it to your notice. If the profession can do nothing more, they can at least raise a warning voice everywhere; and this will be doing much.

I must close with begging you to excuse the length into which I have been drawn in the discussion of the important points that have engaged our attention. I intended to be very brief; but few men, when they have taken their pen in hand, can say to the flowing tide of their thoughts, "thus far shalt thou go, and no further." Allow me, in a few parting words, to thank you warmly for your attention, and to express the hope that our labors, during the present session, may tend to confirm the good that has been done, and to carry us still further onward in the great road of progress; so that, hereafter, the meeting at Detroit may be remembered as one, at which we may all be gratified and proud to have assisted.

A Spiritual Doctor.—A correspondent of the *American Medical Gazette* says of one of these humbugs in St. Louis, he is attracting more notice, and reaping more profits from his vocation, than any two practitioners in the city.

"Like some of the ancient apostles (though not a fisherman), he is of humble origin—having been a *boatman*; and while at a game of cards on the river, was suddenly 'impressed' that he had a mission to perform different from that in which he was engaged. He hastened home by railroad speed—found several of his family very sick—dismissed the physician in attendance, and by his own magic wand restored them to health. Thus commenced his career. He is sought after by all classes. The fashionable and wealthy dance attendance at his office; and often may be seen in front of his door half a dozen or more carriages waiting their turn. He claims supernatural powers, and very wisely predicts that this extraordinary power will not continue with him very long." Alas for poor human nature.—*Medical Counsellor.*

So they go! A friend showed us the other day, in a paper called the *Christian Spiritualist*, a detailed account of a great spiritual cure. A woman had consumption—was reduced to skin and bone—wasted by harassing cough, fever and night-sweats, nearly dead, couldn't swallow water even—consultation of wise and learned physicians gave her but a few hours to live. A number of spiritual mediums were at the same moment, though residing in different neighborhoods, *impressed* to visit that patient. All met there, formed a *circle* around her, and ordered her to be taken out of bed and put in a chair. Husband thought she would die in a minute if raised up. No, differently *impressed*. Patient was put in a chair—died away—*impressed* she wouldn't stay dead—sure enough—come to—circle closed by joining hands of mediums with hers. Ordered some water for her. Husband said she couldn't swallow it. Mediums were *impressed* she could. Swallowed three tumblers immediately, and felt better. One medium—a good fiddler—broke the circle and struck up a brisk reel on his fiddle. Mediums kept time, so did the patient. Patient better—getting frisky—continue the fiddle—patient leaps from her chair and bows out a *vis a vis*. The fiddler does his level best—high notes, low notes and key notes in wild confusion dance in the reek which forms a halo around him. Away went the patient, on light fantastic toe, balancing, whirling, and pirouetting. Her duddies already

"—— coasted to the work,
She linket at it in her sark."

The exercises of the occasion being over, the patient ate a hearty dinner, and remained as sound as a dollar!—*Nashville Journal.*

Uses of Glycerine.—This article is likely to take its place among the most highly valued, both in medicine and the arts, and the sooner, since a process has been discovered by which it can be rendered pure by distillation. Its remarkable power as a solvent, united to its entire blandness, and freedom from all irritating and fermenting properties, recommend it for a vast variety of uses. It dissolves the vegetable acids, the deliquescent salts, the sulphates of potassa, soda, and copper, the nitrates of potassa and silver, the alkaline chlorides, potassa, soda, baryta, strontia, bromine, iodine, oxide of lead, the salts of morphine, strychnine, brucine, veratrine, the sulphurets of potassium, lime, and iodine, the iodides of sulphur, potassium, and mercury, the salts of quinia, &c. Besides its extensive usefulness in diseases of the skin and ear, it is used internally as a substitute for cod-liver oil; and also, in its purity, for dissolving calculi, by being injected into the bladder. It is a substitute for syrups in preserving fruits and vegetables, and for certain medicinal preparations. Fresh meats are kept in it for any length of time; and both animals and vegetables are preserved in it without changing their color, however brilliant. Vast quantities can be manufactured from every variety of oils, and at very low prices, compared to what it is sold at now; and it seems to promise well for combustion, both for heat and light, in certain combinations.—*Memphis Med. Recorder.*

Bromine as a Specific in Pseudo-Membranous Affections.—M. Ozanam, in a paper presented to the Imperial Academy of Sciences, on the 26th of May, announces that bromine is a specific in the pseudo-membranous affections. He has treated successfully fourteen cases, two of which were cases of true croup. He employed either bromine or bromide of potassium. The dose was from one to ten grains a day, in five ounces of a portion.—*Med. Times and Gaz.*

Alsidium Blodgettii in Consumption and Scrofulous Diseases.—By BENJAMIN PALMER, M. D., Pittsfield, Mass.

I wish to direct the attention of the medical profession to a marine plant discovered by Dr. A. E. Rue, on the coast of Australia. Dr. R. is very confident that he has discovered some very valuable medicinal properties in this plant, and states, in the most positive terms, that it is a specific in consumption and scrofulous diseases.

I have every confidence in Dr. Rue as not being disposed to speculate on the materia medica, or attract attention by new and fashionable therapeutic agents; and through his kindness I have been furnished at different times with the medicine as prepared and used by him, and also a specimen of the plant. Upon examination I find the same plant was originally discovered by Dr. Blodgett, and is accurately and minutely described and classified by Prof. Wm. H. Harvey, of Dublin University, in his classification of Algae. The following is his description of it: "*Alsidium Blodgettii*—frond subcompresed below, terete above, decomposed pinnate; pinnæ alternate, patent, close, virgate, the lowest very long, set with short setaceous, spinous-toothed, alternate, distichous ramuli; upper branches short and sub-simple; conceptacles pedicellate, inflated, urceolate, variously placed on the ramuli."

I have used this medicine with the most gratifying results in many cases in my own practice where there was every sign of *tubercular deposition*, some of which were in quite an advanced stage; yet not satisfied with my own experience, I placed it in the hands of a few medical friends, who were equally well pleased with its success in these diseases. From what I consider the duty of every medical man, I have decided to make these facts known to the profession, hoping that any additional facts pertaining to the history or medicinal properties of this plant will be reported.—*N. Y. Medical Times.*

Cannabis Indica in Convulsions.—(Reported in the *Western Lancet*.)

Dr. R. R. McMeens, of Sandusky, O., has met with very successful results from the use of the above remedy in those infantile convulsions, "unattended with any prominent vascular disturbance, painful dentition, or important cerebral implication, but obviously excited and sustained by intestinal irritation, induced from vitiated secretion, crude ingesta, or the mere accumulation of flatus in the bowels, &c." He details a series of four cases of this nature, all successfully treated, and states that he has also administered the same in several conditions of nervous disorder with more or less benefit. He concludes from the exemplification of its action observed in the cases just detailed: "I view it as an agent possessing properties of peculiar adaptation to the existing indications, from the pleasant inebriancy it produces, the prompt influence it exerts over the motor system, and the diffusion of excitement and general relaxation it establishes, thus subverting all sympathetic complications, and restoring nervous composure and quietude, without impairing the appetite, checking secretion, or constipating the bowels."—*Peninsular Journ. of Medicine*.

Trance Coma.—By HENRY GOADBY, M. D.

We have seen that the causes instrumental in the production of the death trance are chiefly *sudden depression*; i. e., the speedy reduction of a healthy body to a state of complete prostration. The causes which produce *trance coma* are of two distinct kinds: either the state of complete repose, which succeeds severe hysterical affections, or it is induced by a slow and steady decrease of the vital powers, the concomitant of disease, as represented in fever, or any other slowly depressing malady. Under such circumstances, the body gradually and insensibly glides into trance coma.

The ostensible characters which distinguish this form of coma from death trance, are the following, viz: the circulation of the blood is more or less reduced, but in some condition it continues; the function of respiration is subdued, but not extinguished; and a degree of vital heat maintained commensurate with the diminished power of the heart. These characteristics are necessarily modified by the severity of the attack. Sometimes they are so palpable that no one would think of regarding the patient as dead, but simply in an unusually profound sleep. On other occasions, the vital processes are minimized to such a degree that no action is perceptible; under all circumstances, speech and muscular motion are suspended.

There is, however, one peculiar and remarkably characteristic phenomenon pertaining to this, which has no similitude in any other form of trance, that throughout its duration the patient's *brain is active*, and invariably the seat of the most delightful dream visions; *these dreams always being of Heaven*.

We have been quite familiar with many cases of trance coma, which, although differing as widely as the poles asunder, in every other particular, have all agreed in the character of the dream. The following case will forcibly illustrate this point:—

Many years ago a Jewess of great beauty, who had led an abandoned life, was taken sick, and passed into a state pronounced death by all except a faithful attendant, who did not believe her mistress to be dead, and refused to allow any preparations for her funeral, but kept her warmly covered in bed. At the end of two weeks she recovered, and said, "Mary, has it thundered?" "No," was the reply. "Are you quite sure that it has not thundered?" "I am, indeed," was the reply, "besides, it is December, and near Christmas day." "That does not matter," said the Jewess; "I have been in a trance and seen the Lord; I begged of him to forgive me my sins. He looked sternly at me and said, 'No, you have been so wicked that you must be punished.' I fell upon my face and implored him to forgive me. He looked thoughtful, and at length said, 'I will consider of it, and, if I consent, I will apprise you of it by a peal of thunder.'" She had scarcely

finished this recital when a flash of lightning illumined the room, instantly succeeded by one heavy clap of thunder. The woman clasped her hands in ecstasy, exclaiming, "Thank God—I am forgiven!" and expired.

This dream of the Jewess is perfectly consistent with trance coma; the only difficulty is in relation to the thunder, and this has been very hard to account for. The fact is well known that in certain conditions of the body, the perceptions, so far as the nervous system is concerned, become singularly acute, and whilst it is notorious that many persons in good health feel the influence of approaching thunder, it is easy to understand that the Jewess not only felt it, but it became strangely incorporated with her dream vision. We can confirm this phenomenon by our own experience.

A young woman, connected with the theatre of Toronto, lost her mother, who was conveyed to Niagara City for interment. The daughter attended the funeral, and returned to Toronto in a state of great mental and physical depression. She went to bed, and the next day was found in a state which the people of the house, and the physician who was called in, pronounced dead. Two females occupied themselves in preparing the body for interment, when one of them exclaimed, "Oh! she is quite warm; do put your hand here. I can feel her heart beat!" The other did as requested, and declared that she felt faint pulsations of the heart. "I wonder," said the first, "whether she is really dead?" "O, yes," said the other, "to be sure she is dead enough;" and without giving themselves any further trouble about it, they allowed her to be fastened down in her coffin and taken to Niagara City, where she was buried in the same grave with her mother. We suppose that no one can doubt, for an instant, that this was a lamentable case of premature interment, and if they had sent for the physician who had pronounced her dead, the pulsation of the heart must have led him to a different conclusion, whereby her life would have been saved.

To show the frequency of trance coma, we have extracted from the daily papers no less than six cases, since the first of April, and append five of them:—

"*Wanting to Bury a Man Alive.*—The *Courier des Etats Unis* has the following recital, which it pronounces as passing strange, and which, for the honor of the French name, it trusts is untrue, but the facts are obtained from so responsible a source that the editor feels at liberty to give it to the public. He says: 'One of our countrymen, named Gilbert, without relatives in New York, found himself, some time since, sick in a French boarding-house, on Laurens Street. Attended by Dr. ———, he nevertheless called, on the 20th inst., on Dr. Petitjean, to know as to his treatment. Dr. Petitjean approved of the treatment prescribed by his *confrère*, reassured the sick man, and promised to see him again.

"Friday last Mr. Gilbert fell into a sort of lethargic stupor, and so continued, causing the nurse to believe that he was dead. In the morning the nurse announced down stairs that the sick man had died. Then ensued an incredible controversy, and a scene still more incredible.

"Dr. ——— and another of his *confrères*, who was called, were loud in proclaiming that the patient was dead; on the other hand, Drs. Petitjean and Sidorovitch contended that he was but in a lethargic state. It seemed that pending these sad doubts it was due to the unfortunate that some attention should be paid to him, but the proprietor of the house declared that 'dead or not dead, the sick man should be carried out of the house that same day.'

Dr. ——— furnished a certificate of death, the permission to inter was obtained, the coffin brought, and without scruple they were about to proceed to the burial, less than twelve hours after the supposed death, if Dr. Petitjean had not returned in time to put a stop to so iniquitous an act. His energies in opposition triumphed over all resistance—the sick man was released from the shroud. *The pulse and the heart beat sensibly.* At the last

hearing that we have, Mr. Gilbert yet lives, and is fast approaching recovery in the hospital where he was carried."

"The Danger of Burying too Soon.—The danger of too rapid interment was exemplified in a very extraordinary manner recently, according to one of our exchanges. A young man who had been suffering from a malignant fever, to all appearances died. To avoid the danger of infection which might arise from a corpse remaining in the house all night, a coffin was immediately commenced, the certificate of death sent for, and urgent application was made to the incumbent of a church to allow the corpse to be interred the same evening. This, however, he declined, considering the proceeding too hasty, but consented to the interment taking place the following morning. The result proved the propriety of the delay; the grave was dug, and the coffin ready, but the dead man, in the course of the night, made signs of returning animation; and at the hour fixed for the burial, was in the comfortable enjoyment of a cup of coffee, which he had requested, with every prospect of recovery."

"Buried Alive—Almost.—The Fremont, Ohio, *Journal*, of Tuesday, says: 'We learn by a friend, that Mr. Daniel Sterns, of Madison Township, in this county, who has been ill with fever for some time, to all appearance died on Friday afternoon last. His burial was to take place on Sunday afternoon. All the necessary arrangements were made, friends assembled to pay the last tribute of respect to their deceased neighbor, and the minister was in waiting to offer the consolations of the gospel to the afflicted family. The coffin was then brought, and the body was being placed therein, when one of the assistants observed that it felt a little warm, and, strange as it may seem, in a few minutes Mr. Sterns was sitting up; the friends who had assembled for a funeral went home more happy than if they had attended a wedding.'

Singular Resuscitation at Rockford.—The *Register* gives the particulars of a singular case of resuscitation after supposed death in this city:—

"A child had, to all appearances, died, and was laid out in its little winding sheet upon a board in a supper room while the other preparations were going forward for the funeral. The sexton was notified, and the grave also dug. Some time after, the father went into the room where the child was, and was astonished at its calling him by name, and complaining that it did not lie good. Of course the little sufferer was supplied with a better bed at once. It had evidently fallen into a trance, from which it was awakened by a hard bed and cold air."

"A young man at Wakefield suffered from malignant fever. Life seemed to have departed, and the people around, dreading infection, wished to inter the corpse the same day, but a clergyman refused to concur in such indecent haste. During the night the coffined and supposed dead man proved to be alive and seemed in a fair way to recover."

We trust that we have shown conclusively that this disease is of very frequent occurrence, and that the subject is not only of great importance to the community, but worthy of more attention from the medical profession than it appears to have received.—*Medical Independent.*

New Form of Astringent Application. By Dr. WILLIAM BAYES, Brighton. —Pure glycerine dissolves nearly its own weight of tannin, affording a very powerful local astringent application.

The solution of tannin in pure glycerine appears to me to supply a desideratum long felt, and capable of a great variety of useful applications.

The solvent property of glycerine over tannin, allows us to form a lotion of any desirable strength, as the solution is readily miscible with water.

The solution of tannin in glycerine, in one or other of its strengths, is peculiarly applicable to many disorders of the mucous membrane, readily

combining with mucus, and forming a non-evaporizable coating over dry membranes; hence it may with benefit be applied to the mucous membranes of the eye and ear in many of its diseased conditions. It forms a most convenient application to the vaginal, uterine, urethral, or rectal membranes, where a strong and non-irritant astringent lotion is desired.

In local hemorrhages, where the bleeding surface can easily be reached, it will prove very convenient, and may be applied either with a sponge or small brush.

The solution must be kept in the dark, and should not be prepared for any great length of time before used, or decomposition will occur.

It is singular that glycerine does not possess the same property towards gallic acid.—*Association Med. Journ.*, from *Southern Med. and Surg. Journal*.

Liquid Caoutchouc.—This is said to be of the color and consistency of milk, and is preserved in the fluid state by the addition of free ammonia. As an external application, it has many advantages over both collodion, and gutta percha dissolved in chloroform. It is not stimulating and painful, as are both the others in certain cases; it does not contract, like collodion; and on account of its elasticity, it allows entire freedom of motion. Water does not act upon or remove it; and it adheres closely to the skin. In the treatment of burns, erysipelas, and many other surgical diseases which require exclusion of the atmosphere, it answers the purpose so perfectly, as to render any other preparation scarcely desirable.—*Boston Med. and Surg. Journal*.

Iodide of Zinc as a Topical Application in Venereal Sores.—Having noticed that iodide of zinc was very strongly recommended as possessing the power of resolving enlarged tonsils, I instituted some experiments with a view of establishing its virtues, with but indifferent results. During this investigation three cases of syphilitic ulceration of the throat happened in my practice. It occurred to me to try it in these cases, and I had reason to be surprised at the rapidity with which the cure was effected. Since that I have used it in syphilitic ulceration of the nose and tongue, some very bad, with equally satisfactory results. In fact none seem to resist it. It is now three years since I have used it, and every fresh case only confirms its great powers. My opinion is entitled to some weight, as, since 1836, I have used Ricord's Acid Nitrate of mercury in similar cases, and am able to contrast the relative merits. Of its value in primitive chancre I am unable from experience to decide, but am certain that within the period of incubation it has equal powers to, if not greater than the nitrate of silver to destroy the specific character of the sore, and I am inclined to think that, on trial, its powers will be found to extend beyond the ten days allotted by Ricord to the period of incubation. I could cite the approving testimony of medical men who have tried it at my suggestion, but I would recommend the members of the profession to try it for themselves.

As the way of preparing may not be generally known, it may be well to describe it.

Take a piece of bright zinc plate, place it over the mouth of a jar and sprinkle it with iodine; the brown liquid that runs into the jar is iodide of zinc.—*Montreal Medical Chronicle*.

Strychnia and its Tests. By ALFRED B. TUCKER, M. D., Professor of Materia Medica and Chemistry, Winchester Medical College.—The frequency with which this agent is now used as a means of death, and the great difficulties met in its detection, render it a subject of great practical interest to the physician.

Having myself lately experienced the difficulties, and especially those due to the fact that there are so few authorities upon the subject, I lay before the

profession my own experience, that it may be a guide to others. I shall give in full the toxicological relations of this medicine.

Strychnia is very insoluble in cold water; more so in boiling; soluble in alcohol and ether. It has an intensely bitter taste, imparting its bitterness to 70,000 parts of water; no odor. The salts of strychnia are much more soluble than the alkaloid.

Brucia generally exists in it as an impurity, being one of the principles associated with it in the *strychnos nux vomica*, and other sources from which strychnia is obtained, the presence of which interferes with some of the tests for the latter.

The smallest quantity which has ever destroyed life, is three-fourths of a grain, given to a child twelve years old. The case of Dr. Warner is reported, who died from half a grain of the *sulphate* of strychnia, living only 14 minutes after having taken it. The average duration of life after it has been taken, is from one to two hours.

Nitric acid, when added to a solution containing strychnia, gives a yellow color to the solution. If, however, brucia be present, the color is red; and as the strychnia ordinarily obtained is impure, this would be the most usual color. If the solution be not very concentrated, the color will not be produced; but upon the application of *heat*, a canary yellow color will result.

To a solution supposed to contain strychnia, add *dilute* sulphuric acid, and boil the solution. The sulphate is immediately dissolved; and, if a large quantity of strychnia be present, the salt may be deposited in crystals in cooling. With this solution, the following results will be obtained: Hydrated potash will produce a white precipitate, evident upon boiling. Ammonia produces no precipitate, nor does the tincture of galls, though Taylor (on Poisons) says they should give a precipitate. If any be produced, it is only in a concentrated solution of the alkaloid; and this effect would indicate a large amount of strychnia.

If to a solution of strychnia, *strong* sulphuric acid be added, no change of color is produced; but when to this a solution of chromate of potash is added, a crimson color is produced, which speedily passes to deep red.

Dr. Lewis, of Richmond, lately published an article in the *Stethoscope*, in which he said he had not been able to produce the rapidly changing precipitate, said to be characteristic of strychnia. I have been more fortunate; for when to strychnia in substance, a drop of *strong* sulphuric acid is added, and then a grain of peroxide of manganese (or lead), the succession of blue, violet, crimson, and blood-red, are readily seen in a few moments, though I have never obtained it in a solution, probably because the sulphuric acid becomes immediately diluted upon its addition to a solution.

I found some peculiarity of action when strychnia was dissolved in alcohol.

With nitric acid there was at first no effect, but in a few minutes violent chemical action began, continuing for several minutes, and finally giving a canary-yellow color to the solution.

This is, so far as I know, not the case with any other substance. With an alcoholic solution of sulphate of morphia, I found a blood-red color at first produced, which passed to a yellow, but the first color was produced immediately, and the subsequent chemical action was not nearly so violent as when strychnia was experimented with.

The solution in alcohol, when prepared with dilute sulphuric acid, as recommended above in the aqueous solution, produced an abundant white precipitate upon the addition of a solution of potash. Ammonia produced no precipitate.

When prepared with strong sulphuric acid, upon the addition of chromate of potash, a *light green* solution is obtained, and not a blood red.

No effect from the test with peroxide of manganese. These experiments were performed upon a specimen of pure strychnia, in the proportion of gr. ss to an ounce of alcohol and water respectively.

The difficulty attending the detection of this alkaloid is so great, that it may not be inappropriate to point out the tests which distinguish it from other poisons.

Where the history of a case is obscure, and the symptoms cannot be readily ascertained, I would suggest the employment of sulphuretted hydrogen as a test. This will serve to distinguish it from the metallic poisons, as in the latter there is always some action, but with strychnia, of course none.

The tests for the mineral acids would, of course, not be confounded, since strychnia acts only on the part of the base.

It may be distinguished from morphia by the following reactions:—

Strychnia produces no precipitate with the sesquichloride of iron; with morphia there is a deep blue precipitate. Nitric acid produces a red solution with morphia; yellow with strychnia. The red color of strychnia containing brucia, when acted on by nitric acid, may be distinguished from morphia, by becoming of a greenish brown color after a short time.

With strychnia there is a yellow white precipitate, not dissolved by boiling. Upon the addition of bichloride of gold, with morphia, this agent, upon boiling, gives a precipitate of reduced gold. (Taylor, *sp. cit.*)

In reviewing all of the tests for strychnia, I am compelled to admit that they are at best uncertain and unsatisfactory. When contained in the fluids of the stomach, or extracted from it by appropriate means, it is almost impossible to obtain a perfectly colorless fluid, and this color must, to a greater or less extent, interfere in the production of the colored tests indicating the presence of strychnia.

Probably the means suggested by Dr. Marshall Hall, and which he calls the "physiological test," are the best for its detection. Placing a frog in a solution containing but one thirtieth of a grain of strychnia, it is affected with the tetanic convulsions, symptomatic of strychnia; and this may, according to the high authority that publishes it, be used to detect strychnia, when but one four-hundredth of a grain is in solution.—*Virginia Medical Journal*.

On the Use of the "Sweet Gum" in Infantile Diarrhoeas. By CHARLES W. WRIGHT, M. D.—Liquidambar styraciflua, commonly called sweet gum, is indigenous to nearly every part of the United States, and constitutes one of our largest forest trees. When an incision is made through the bark of this tree, a resinous juice exudes, which possesses an agreeable balsamic odor. When this substance first exudes, it is of the consistence of turpentine, and possesses a stronger smell in that condition than it does after it has become resinified. Contrary to the statements made by Wood and Bache, in their dispensatory, this tree furnishes a considerable quantity of resin in the Middle States, particularly in the States of Ohio, Indiana, and Kentucky, bordering on the Ohio River. It is annually collected in those States, and sold under the name of gum-wax. It is a much more agreeable masticatory than the spruce-gum, and is chewed, in the west, by nearly all classes. By proper incisions, one tree will yield annually about three pounds of the resin.

The chemical composition of the specimens collected in this latitude correspond with that given by M. Bonastre, of specimens gathered elsewhere, viz: benzoic acid, a volatile oil, a semiconcrete substance separated by distillation and ether, an oleo-resin, a principle insoluble in water and cold alcohol, termed styracine. The bark of the tree contains tannic and gallic acids, to which its astringency is due.

What I wish more particularly to call attention to, is the employment of a syrup of the bark of this tree, in diarrhoea and dysentery, and more especially the diarrhoea which is so prevalent among children during the summer months, in the Middle States, and which frequently terminates in cholera infantum.

The best formula for the preparation of this syrup is that given in the United States Pharmacopœia for the preparation of the syrup of wild-cherry

bark, of which the following is a copy, the sweet-gum bark being substituted for the wild-cherry bark:—

"Take of sweet-gum bark, in coarse powder, five ounces; sugar (refined) two pounds; water a sufficient quantity. Moisten the bark thoroughly with water, let it stand for twenty-four hours in a close vessel, then transfer it to a percolator, and pour water upon it gradually, until a pint of filtered liquor is obtained. To this add the sugar in a bottle, and agitate occasionally, until it is dissolved."

The dose of this syrup for an adult is about one fluidounce, to be given at every operation, as long as the operations continue to recur too frequently.

One advantage which this medicine possesses over most astringent preparations, is that of having an exceedingly pleasant taste, and of being retained by an irritable stomach, when almost every other substance is rejected. Children never object to it on the score of bad taste. The resinous and volatile bodies which it contains, no doubt enhances its value. My brother, Dr. J. F. Wright, of Columbus, Indiana, has employed this preparation for the past three years, in a great number of cases, with the most satisfactory results. He prefers it to any other article where there is an indication for astringent medication in the class of diseases before referred to. In the bowel complaints of children, it has a decided advantage over all preparations containing opium, and I am always pleased with the happy results which follow its employment in that class of patients.—*Am. Journ. Med. Sciences.*

[The use of the "sweet gum" bark, boiled with milk, is very common in many portions of Virginia, where this tree is often found. This preparation forms an agreeable and balsamic drink, which we have frequently used with advantage in the diarrhoeas of teething infants.]—*Ibid.*

Reid's Method of reducing Dislocations of the Femur.—We have been requested by some of our subscribers, to publish a brief account of Reid's method of reducing dislocations of the *Hip Joint*; urging, as a reason, the fact that many country practitioners have not access to anything that has been written upon the subject, and that, should a case occur, they might have a ready reference to requisite knowledge in regard to this important discovery in surgery.

We cheerfully respond to this request, and in connection with Reid's published account of the principle involved, and his mode of operating, we publish, also, Dr. Gunn's explanation of the *modus operandi* of the process founded upon dissection and experiments, regarding it as worthy of juxtaposition with the principle enunciated by Dr. Reid.

Principle involved.—The result of these experiments satisfied me that the chief, if not the sole difficulties to be overcome in dislocations of the femur, and probably in all other dislocations, consisted in the *extension* of certain muscles involved in the dislocation, and in their incapability of further extension without danger of rupture; and that, in the case of dislocation of the femur, the difficulty lay in the *extension* of the aforementioned adductors and rotators, and that all traction, as already explained, on the dislocated bone, only increased this tension and could do nothing towards bringing it into place, except at the hazard of almost certain rupture of some of these muscles, or of fracture of the neck.

The method of operating is this: *Place the patient on his back, on a low, firm table; the floor or ground is better; let the operator stand or kneel on the injured side, and seize the ankle with one hand, the knee with the other; then flex the leg on the thigh; next strongly adduct it, carrying it over the sound one, and at the same time upward over the pelvis, by a kind of semicircular sweep, as high as the umbilicus; then abduct the knee gently; turn the toes outwards; the heel inward, and the foot across the opposite and sound limb, making gentle oscillations of the thigh, when the head of the bone will slip into its socket with a*

slight jerk, an audible snap, and the whole limb will slide easily down into its natural position beside the other. In a recent case, the whole operation can be accomplished in less time than it can be described.

By this mode of operating, several important advantages are gained.

First. It is exceedingly simple, requiring no complicated fixtures, or display of terrific engines to frighten the patient.

Second. We have the *consent of the will*, because the movements are natural; in accordance with the mechanism of the joint, and with the functions of various muscles.

Third. There is little or no pain.

Fourth. Then comes to our aid that mysterious sympathy, by which flexors and extensors alternately contract and relax, in accommodation to each other, under one and the same act of the will, and consequently we have,

Fifth. Neither tonic nor involuntary spasms to contend with, that is, in recent cases, and,

Sixth. This mode of operating is better adapted, and more certain of success in cases of standing, and is free from danger under all circumstances.

Dr. Gunn's Theory.—Dr. Reid, in common with the profession generally, considers the muscles the agents which thus oppose our efforts at reduction, and his manipulations are conducted with a view to relax them, while the femur, acting as a lever, raises the head of the bone clear of the edge of the cavity. With this same view we have the directions of the books and public teachers to apply extension and counter-extension *slowly and uniformly* in order to *tire out* the rebellious muscles. Bloodletting, antimony, and the hot bath are also called in to aid in this laudable crusade against these wicked organs.

"In this view, I would respectfully differ with Dr. Reid, the teachers, books, and profession, and state my honest belief that the muscles oppose our efforts very little more than they do the progress of our earth in its orbit. This belief I have repeatedly verified by experiments upon the dead subject, and the members of the medical class of 1851-2 in the University will remember those conducted before them. A subject was placed upon the table, the lower border of the gluteus maximus was raised, and a scalpel carried through the subjacent muscles, and an opening made in the posterior and superior portion of the capsular ligament. The round ligament was then divided, and the head of the femur luxated upon the dorsum of the ilium. The usual indications of this dislocation were present. The subject was placed in the proper position, a counter-extending band applied to the perineum, and fixed; the strength of two men exerted now upon the extending band, while endeavor was made to raise the head of the bone clear of the acetabulum with a jack towel, was insufficient to reduce the luxation. Reid's method of manipulation readily replaced the bone. This experiment was repeated many times, and uniformly with the same result. As *muscular action* could not have opposed our efforts and prevented success in this case, the question naturally presents itself, what structure stood between effort and success? * I answer, *the untorn portion of the capsular ligament*. In support of this view, let us consider for a moment the position of the limb at the instant of escape of the head from the socket during the process of dislocation. To do this we must bear in mind that force applied to the knee or foot while the limb is in a state of adduction, constitutes the most frequent cause of this dislocation. Force thus applied adducts the limb still more powerfully before dislocation takes place, and at the moment of the escape of the head of the bone from the socket, the limb is in a direction which crosses the thigh of the opposite side. Immediately that the head of the bone has cleared the edge of the acetabulum, it settles into its position upon

* Doct. Reid would answer, *passive muscular fibres*.


the dorsum of the ilium, and the limb assumes the position and direction indicative of the accident. During the dislodgment of the bone, the superior and posterior portion of the capsular ligament is ruptured, through which the head protrudes; while from the position of the limb, at the instant of protrusion, the anterior and inferior portion is very much relaxed, thus allowing the head to rise easily over the acetabulum. As soon as the head settles into its position upon the dorsum of the ilium, the direction of the limb is changed, and the untorn portion of the ligament becomes more tense, and for this reason the head of the bone cannot be readily returned to its place, till the limb is again placed in a position to relax it. Dr. Reid's method does this most effectually, and I conceive that any other plan which does not accomplish this, as, for instance, extension and counter-extension by the pulley, or Jarvis's apparatus, in the usual direction, succeeds only by lacerating much more extensively, if not by actually tearing the ligament completely asunder, before the head of the bone will ride over the edge of the cavity.

"The principle, then, I would seek to establish, is this—that in luxations of the hip and shoulder the untorn portion of the capsular ligament, by binding down the head of the dislocated bone, prevents its ready return over the edge of the cavity to its place in the socket; and that this return can be easily effected by putting the limb in such a position as will effectually approximate the two points of attachment of that portion of the ligament which remains untorn.

* * * * *

"Further thought and experiment upon this subject have convinced me that dislocations of the hip-joint *cannot occur*, except in certain positions, and these are positions of *very great distortion*. In support of this view, I would call attention to the great security against this accident provided by nature in the anatomy of the joint. The great depth of the acetabulum, surrounding on all sides the head of the femur, renders its escape nearly, if not absolutely, a physical impossibility, so long as the legs are parallel to each other, and on a line with the body. Fracture of some of the bony structures of the joint would be the result of great violence, in this position of the limbs, but dislocation without fracture, I apprehend, never. Before dislocation can take place, the limb must be so distorted that the walls of the acetabulum will afford no longer protection against the escape of the head of the femur, the dislocating force throwing the head in this changed direction, against some portion of the capsule of the joint, which gives way before it, permitting the rupture of the round ligament, and the escape of the bone. It is evident that while the changed direction of the limb throws the head wholly against some portion of the capsule, the opposite side of this capsule must be relaxed, and by its relaxation facilitate the riding of the head over the edge of the cotyloid cavity. Taking, for example, the upward and backward form of luxation, in my experiments, I have found it impossible, by my own strength, to produce luxation, even when the direction of the limb was changed to that which distinguishes this form of the accident *after* it has occurred, although the upper and posterior portion of the capsule, and the round ligament, were divided. In the course of my instruction during the last winter, I introduced the following experiment: A fresh, whole, and muscular subject was selected, and a circular incision was made around the middle of the thigh down to the bone; another, from the tuberosity of the ischium around the inner aspect of the thigh, and over the dorsum of the ilium to the point of commencement, and all the tissues cleanly removed from the bone and capsule of the joint. The upper and posterior half of the capsule was then cut away, leaving the anterior and inferior half whole, and the round ligament was divided. In this state it will be seen that *all tissues* were entirely out of the way (and could neither afford protection against dislocation, or impediment to reduction), except the ante-

rior and inferior half of the capsular ligament. I now placed the limb in a position which characterizes the dislocation upon the dorsum, viz: the knee in advance of the other, and the foot inverted; and, the pelvis being fixed, I attempted to produce dislocation, but failed to do so, and I believe that no force, however great, applied to the knee, would be sufficient to accomplish the escape of the head of the bone without fracture of the acetabular walls, so long as the limb remains in this direction; for in this position the head presses *perpendicularly* against the superior and posterior portions of the acetabular walls. But on carrying the limb to a position in which the thigh crossed that of the opposite side, at a point just above its middle, slight pressure was sufficient to dislocate the bone, for the acetabular walls, in this position, presented to the head of the bone an inclined plane, while from the same reason of position the undivided portion of the capsule was relaxed, thus permitting the head to slide easily up this inclined plane and ride over the acetabular edge. At the moment, however, during which the head rested upon the edge of the cavity, this undivided portion of the capsule became tense, relaxed again as the head settled down upon the outside of the cavity, and upon dropping the limb down to the position which characterizes this dislocation, it became again tense. Efforts at reduction by extension and counter-extension in this direction were now made, but were unsuccessful, for this tense, undivided portion of the capsule bound down the head so that it could not ride back over the edge of the acetabulum; but on carrying the limb across the other, to the position in which it was at the moment of escape, the reduction was easily accomplished."—*Medical Independent*.

On the In-growing Toe-Nail.—G. M. HUMPHREY, in the *Medical Times and Gazette*, says: "I have, in the last year or two, read so many letters in the *Medical Times*, and other journals, on the subject of 'the in-growing toe-nail,' proposing a variety of painful operative procedures, such as removal of part of the nail, cutting off the overhanging edge of skin, cauterizing the fungous growth, as it is called, etc.; and I have seen so many patients who have suffered under this troublesome complaint for months, and even years, in spite of their having been subjected to much torture, under the hands of good, even most eminent surgeons, that I think it right to bring before your readers a simple and effectual remedy. It is nothing more than a piece of silver, rolled out sufficiently thin to admit of being bent to the required shape, yet sufficiently firm to bear moderate pressure. This should be nearly the length of the nail, from a quarter to half an inch wide, and bent into somewhat of an S shape, or rather thus, . The lower end (b) is, with the aid of a pair of

forceps, to be carried down between the overhanging ulcerated skin and the nail, and hooked under the rough edge of the latter. The upper end (a) is then carried outwards, and secured in that position by a strip of plaster, and a bandage round the toe. By this means, the inverted edge of the nail and the skin are effectually kept from one another, and pressed in opposite directions. The nail is a little elevated, and the 'fungous growth' very soon shrinks under the pressure of the metal, and assumes a healing aspect. Often, when the silver is well adjusted, the patient is able to walk about with comparative ease immediately afterwards. I do not interfere with it for several days, when a marked improvement is usually found to have taken place. The silver is readjusted with greater ease, and allowed to remain a longer time. Gradually, the ulcer heals, and the nail grows up in more natural shape and appearance. It is well, however, to continue the use of the silver for some time; and, after the sore has quite healed, it is well to insert a piece of lint, or small flat piece of silver, under the edge of the nail, to prevent the tender cicatrix being fretted by it, and to keep down the skin. The patient should

be directed to avoid tight shoes, and not to cut the corner of the nail low down. In some bad cases, it has been necessary to keep the patient quiet, or in bed, for a short time; and, in a few, to prepare the way for the silver by the introduction of a piece of lint, secured by a strip of plaster.

"There may be nothing novel in the plan here recommended, but it certainly is not known and adopted so generally as it deserves to be. It suggested itself to me when reflecting upon the nature and causes of the complaint, and endeavoring to find some better means of treatment for this very painful and annoying malady than those I had seen employed, feeling certain that the removal of the side of the nail, or any portion of it, which is usually done, must be wrong, for the simple reason that the skin soon occupies the vacancy so caused, and is most likely to be again fretted by the nail growing up into its former place. Since I adopted the above plan, some years ago, I have found little difficulty in the treatment of these cases, have instructed some patients to carry out their own cure, and have not failed in a single instance. The size and exact shape of the piece of silver must, of course, be regulated according to the case, and a little nicety of manipulation is required to insinuate it between the ulcerating skin and the nail, and hook it under the edge of the latter, without inflicting much pain in the exquisitely tender state of the part."

—*Medical Examiner.*

Treatment of Nævus. (JOHN COLVAN, in *Dublin Medical Press*).

I read lately a discussion in the *Medical Press* concerning the various modes of treating nævi of different parts; I beg to say that a plan adopted and used at the county infirmary here, several years ago, has proved so successful, and is attended with so little trouble, as to supersede either excision, ligature, or indeed almost any other plan. The plan I allude to is, to touch the surface of the nævus with a pencil of the kali pur. c. calce, which generally causes a slight effusion of dark grumous blood; the part is then covered with some pieces of dry lint previously ready, and, if necessary, gentle pressure applied for a short time; this, however, is seldom necessary. In a few days, the part touched sloughs off, and it is again gently touched in the same way, until all the unnatural part is removed, when the ulcer is healed by a little simple ointment. This mode is equally efficacious in the case of solitary nævus, or when they are gregarious, as sometimes happens. There was a child in the infirmary lately, with a nævus occupying the lower lip, and spreading to the gum; I treated it as stated, and it left nearly quite well in a fortnight or so.—*Nashville Journ. of Medicine.*

On the Employment of Chloroform in Military Surgery. (M. BAUDENS, *Journ. de Méd. et de Chirurg. Pratiques.*)

The author has addressed a note on this subject to the Académie des Sciences. It appears that anæsthetics still inspire such a dread in certain countries, that, in the Sardinian army, for example, they cannot be made use of. In the French army, on the contrary, chloroform is continually employed, and has been administered to upwards of 25,000 wounded men without having given rise to any serious accident. It is true that the officers of health have always administered it with patience and caution, never going beyond, at least intentionally, the period of insensibility. Chloroform, among other services rendered to surgery, has admitted of regulating wounds which appeared to be necessarily mortal; and this operation, which surgeons would have shrunk from performing if the wounded soldiers had retained sensibility to pain, has sometimes produced unhopèd-for recoveries. Thus, M. Baudens saw in the ambulance before Sebastopol, Surgeon-Major Mercier extract a fragment of a shell, weighing nearly four and a half pounds, from the thigh of a soldier of the 57th regiment. The projectile was lodged in one piece in the upper and outer third of the right thigh, and was so well concealed that no part of it was visible externally. The femur was shattered

into fragments, and the prostration was excessive; nevertheless, with the aid of chloroform, the surgeons were able at first to extract the projectile and afterwards to amputate the thigh, without the patient being conscious of the double operation. The man retained a fair chance of recovery at the time that the case was communicated to the Academy.—*Ibid.*

Treatment for Itch. (*Gaz. Hebdom.*)—MM. DUSSARD and PILLON have announced that the painting of the whole body with chloruret of sulphur dissolved in sulphuret of carbon, frequently cures the itch immediately, by killing the acari and their eggs. In some cases, a certain number of the insects have survived, or some eggs may not have been reached, and it is then necessary to repeat the operation; but the effect of the remedy is always marked, and, so to speak, instantaneous.—*Ibid.*

Acne Rosacea. (*MORRIS, in London Lancet.*)—Pulverize one drachm of camphor with alcohol, add twice the quantity of milk of sulphur, then a sufficient quantity of distilled water, to render the mixture liquid for use. With the finger smear this lotion freely over the face at night, and more sparingly in the morning: the effect is generally soon apparent, and is often most striking.—*Ibid.*

Cure of Itch in Half an Hour.—Dr. E. SMITH, at a meeting of the London Medical Society, called attention to an article in the *Gazette Hebdomadaire*, by Dr. Bourguignon, in which is a confirmation of the value of the treatment of itch, in Belgium, by sulphur, combined with lime, in a liquid form. The remedy is prepared by boiling one part of quicklime with two parts of sublimed sulphur, in ten parts of water, until the two former are perfectly united. During the boiling it must be constantly stirred with a piece of wood, and, when the sulphur and lime have combined, the fluid is to be decanted and kept in a well stoppered bottle. A pint of the liquid is sufficient for the cure of several cases. It is sufficient to wash the body well with warm water, and then to rub the liquid into the skin for half an hour. As the fluid evaporates, a layer of sulphur is left upon the skin. During the half hour the acarus is killed, and the patient is cured. It is only needful then to wash the body well, and to use clean clothes. In Belgium, the treatment is introduced by first rubbing the body for half an hour with black soap; but this does not appear to be necessary. The only essential act is that of the careful application of the fluid sulphur. The lime is of no importance in the treatment, except to render the sulphur soluble, and such would probably be the case if potass or soda were employed. The chief point in the plan thus employed, which is an improvement upon the mode of application of sulphur in substance with lard, is the more ready absorption of the remedy, and, consequently, the more certain and quick destruction of the insect, by using sulphur in a fluid form. In so disgusting a disease, it must be of great moment to be able to cure it in half an hour.—*Association Med. Journ.*

PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

SESSION OF 1856—57.

The regular Course of Lectures will commence on Monday, October 13, and will be continued until the 1st of March.

FACULTY.

DAVID GILBERT, M. D.,	Prof. of Obstetrics and Diseases of Women and Children.
ALFRED STILLE, M. D.,	Professor of Theory and Practice of Medicine.
JOHN NEILL, M. D.,	Professor of Surgery.
T. G. RICHARDSON, M. D.,	Professor of Special and Surgical Anatomy.
JOHN J. REESE, M. D.,	Professor of Medical Chemistry.
JOHN B. BIDDLE, M. D.,	Professor of Therapeutics and Materia Medica.
FRANCIS G. SMITH, M. D.,	Professor of Institutes of Medicine.

H. W. DE SAUMURE FORD, Demonstrator of Anatomy.

Clinical Instruction will be given by Professors BIDDLE and NEILL at the *Philadelphia Hospital, Blockley*, during the entire term of the session, in conjunction with other members of the Medical Board of the Hospital. The Students of Pennsylvania College—both *first course* and *second course*—will be furnished *gratuitously* with the ticket to the Philadelphia Hospital. Second-course Students have the option of receiving gratuitously the ticket to the Pennsylvania Hospital. A Clinic will also be held at the College every Wednesday and Saturday morning throughout the session.

FEES.

For the entire Course of Lectures	\$105 00
Matriculation (paid once only)	5 00
Graduation	30 00

The Dissecting Rooms will be opened in September, under the Direction of the Professor of Anatomy, and the Demonstrator.

Preliminary Lectures will be delivered during the fortnight preceding the opening of the session.

JOHN J. REESE, M. D., *Registrar*,
No. 342 Walnut Street below 13th, Philadelphia.

Sept.—2 ins.

PHILADELPHIA COLLEGE OF MEDICINE.

FIFTH STREET, BELOW WALNUT.

The Twentieth (Winter) Session will begin on the second Monday in October, 1856.

The Twenty-first (Spring) Session will begin on the second Monday in March, 1857.

Degrees will be conferred at the close of each session.

FACULTY.

GEORGE HEWSTON, M. D.,	Professor of Anatomy.
B. HOWARD RAND, M. D.,	Professor of Chemistry.
HENRY HARTSHORNE, M. D.,	Professor of Institutes.
JAMES L. TYSON, M. D.,	Professor of Materia Medica.
LEWIS D. HARLOW, M. D.,	Professor of Midwifery, &c.
ALFRED T. KING, M. D.,	Professor of Practice of Medicine.
GEORGE DOCK, M. D.,	Professor of Surgery.

WILLIAM BRADLEY, M. D., Demonstrator of Anatomy.
WILLIAM H. HAZZARD, M. D., Prosector of Surgery.

FEES.

For one full Course	\$84 00
Perpetual Ticket	150 00
Matriculation	5 00
Graduation	30 00

For Announcement, or other information, address

B. HOWARD RAND, M. D., *Dean*.

Sept.—2 ins.

**UNIVERSITY OF PENNSYLVANIA, MEDICAL DEPARTMENT.
NINETY-FIRST SESSION (1856-57).**

The Lectures will commence on Monday, October 13, and continue until the middle of March.

ROBERT HARE, M. D., Emeritus Professor of Chemistry.
WILLIAM GIBSON, M. D., Emeritus Professor of Surgery.

SAMUEL JACKSON, M. D.,	Professor of Institutes of Medicine.
GEORGE B. WOOD, M. D.,	Professor of Theory and Practice of Medicine.
HUGH L. HODGE, M. D.,	} Professor of Obstetrics and the Diseases of Women and Children.
JOSEPH CARSON, M. D.,	
ROBERT E. ROGERS, M. D.,	Professor of Materia Medica and Pharmacy.
JOSEPH LEIDY, M. D.,	Professor of Chemistry.
HENRY H. SMITH, M. D.,	Professor of Anatomy.
	Professor of Surgery.

WILLIAM HUNT, M. D., Demonstrator of Anatomy.

Clinical Instruction is given at the Pennsylvania Hospital, and at the Philadelphia Hospital.

Clinical Instruction is also given, throughout the Session, in the Medical Hall, by the Professors.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open after the middle of September.

Fees for the Lectures (each Professor \$15)	\$105
Matriculation Fee (paid only once)	5
Graduation Fee	30

R. E. ROGERS, M. D., *Dean of the Medical Faculty,*
University Building.

F. B. DICK, *Janitor, University Building.*

**COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.
FIFTIETH SESSION, 1856-57.**

The Annual Course will commence on Monday, October 20, 1856, and continue until March 12, 1857.

FACULTY.

THOMAS COCK, M. D., President of the College.

EDWARD DELAFIELD, M. D., Vice-President of the College, and Professor Emeritus of Obstetrics.

ALEX. H. STEVENS, M. D., LL. D., Professor Emeritus of Surgery.

JOHN TORREY, M. D., LL. D., Professor Emeritus of Chemistry and Botany.

JOSEPH M. SMITH, M. D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M. D., Professor of Anatomy.

WILLARD PARKER, M. D., Professor of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M. D., Professor of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M. D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, Jr., M. D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M. D. (of the Cleveland Medical College, Ohio), Lecturer on Chemistry.

FEES.—Matriculation Fee, \$5. For a full Course, \$105. Graduation Fee, \$25.

A Preliminary Course of Lectures will be given from 22d September to 20th October; this Course will be free to the matriculated students of the College.

Regular clinical instruction will be given at the New York Hospital, Bellevue Hospital, and the Eye Infirmary; admission to each free.

Professors Smith and Parker belong to the staff of the New York Hospital, and Professors Parker and Clark to that of Bellevue Hospital.

There will be at least three Cliniques weekly at the College.

The Professor of Obstetrics will furnish obstetrical cases to the advanced students.

The Dissecting room is not surpassed by any in the country, and material will be abundant.

The ensuing Course will be given in the new College Building, East 23d street, corner of Fourth avenue.

R. WATTS, M. D.,
Dean of the Faculty.

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